

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000114426

**Entity Name:** TRIPP TRUST, LLC

**Current Principal Place of Business:**

12017 EDGEWATER ROAD  
FORT SMITH, AR 72903

**Current Mailing Address:**

12017 EDGEWATER ROAD  
FORT SMITH, AR 72903 US

**FEI Number:** 20-5663331

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHN, TRIPP E  
60 VENETIAN DRIVE  
202N  
DELRAY BEACH, FL 33483 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name TRIPP, JOHN E  
Address 60 VENETIAN DRIVE, N202  
City-State-Zip: DELRAY BEACH FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN E TRIPP

MGR

02/26/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date