## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000175060

Entity Name: TRILOGY PARTNERS OF FLORIDA LLC

**Current Principal Place of Business:** 

1040 BISCAYNE BLVD.

1208

MIAMI, FL 33132

**Current Mailing Address:** 

1040 BISCAYNE BLVD.

1208

MIAMI, FL 33132 US

FEI Number: 84-3510762 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMASCUS, DEMETRI 1040 BISCAYNE BLVD. 1208 MIAMI, FL 33132 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 AMBR Title AMBR

Name DEMASCUS, DEMETRI Name DEMASCUS, STEPHANIE

Address 1040 BISCAYNE BLVD., UNIT 1208 Address 1040 BISCAYNE BLVD., UNIT 1208

City-State-Zip: MIAMI FL 33132 City-State-Zip: MIAMI FL 33132

Title AMBR

Name DEMASCUS, PAUL

Address 1040 BISCAYNE BLVD., UNIT 1208

City-State-Zip: MIAMI FL 33132

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: DEMETRI DEMASCUS

Electronic Signature of Signing Authorized Person(s) Detail

**MEMBER** 

03/17/2020

FILED Mar 17, 2020

**Secretary of State** 

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