

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000362524

**Entity Name:** TRILOGY WORKS LLC

**Current Principal Place of Business:**

4601 CLARKSDALE LN  
BRANDON, FL 33511

**Current Mailing Address:**

4601 CLARKSDALE LN  
BRANDON, FL 33511 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD. SUITE 36  
ORLANDO, FL 32822 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	WINTERS, CAREY	Name	WINTERS, PATRICIA
Address	4601 CLARKSDALE LN	Address	4601 CLARKSDALE LN
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511

*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:** CAREY WINTERS

**MGR.**

**04/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date