

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000336790

**Entity Name:** TREMOR, LLC

**Current Principal Place of Business:**

5429 UNIVERSITY PRKWY #1063  
UNIVERSITY PARK, FL 34201

**Current Mailing Address:**

5429 UNIVERSITY PRKWY #1063  
UNIVERSITY PARK, FL 34201 US

**FEI Number:** 81-0846156

**Certificate of Status Desired:** No

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

SCHROEDER, GEOFFRY  
5429 UNIVERSITY PRKWY #1063  
UNIVERSITY PARK, FL 34201 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 SCHROEDER, GEOFFRY  
Address 5429 UNIVERSITY PRKWY #1063  
City-State-Zip: UNIVERSITY PARK FL 34201

*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:** GEOFFRY SCHROEDER

CEO

04/28/2025

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

\_\_\_\_\_  
Date