

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000399788

**Entity Name:** TRIQUETRA LLC

**Current Principal Place of Business:**

2550 NORTH ALAFAYA TRAIL  
UNIT 7101  
ORLANDO, FL 32826

**Current Mailing Address:**

1 POND VIEW DRIVE  
C 202  
WOOLWICH TOWNSHIP, NJ 08085 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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  
Name NOONE, EDWARD J  
Address 1 POND VIEW DRIVE, C 202  
City-State-Zip: WOOLWICH TOWNSHIP NJ 08085

*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:** EDWARD J NOONE

**MEMBER**

**04/18/2023**

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

\_\_\_\_\_  
Date