## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000497909

**Entity Name: TROYER GROUP LLC** 

**Current Principal Place of Business:** 

5214 LAUREL POINTE DR VALRICO, FL 33596

**Current Mailing Address:** 

5214 LAUREL POINTE DR VALRICO, FL 33596 UN

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROYER, TIMOTHY S 5214 LAUREL POINTE DR VALRICO, FL 33596 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

**FILED** Apr 22, 2025

**Secretary of State** 

4584650134CC

Authorized Person(s) Detail:

Title Title

TROYER, TIMOTHY S TROYER, ALISHA Name Name

Address 5214 LAUREL POINTE DR Address 5214 LAUREL POINTE DR

City-State-Zip: VALRICO FL 33596 City-State-Zip: VALRICO FL 33596

Title **OWNER** 

Name TROYER, SEAN

Address 5214 LAUREL POINTE DR

City-State-Zip: VALRICO 33596

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: SEAN TROYER

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

AR

04/22/2025