

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000001494

Entity Name: TRILOGY UNITED LLC

Current Principal Place of Business:

1354 PRISON CAMP ROAD
NEWTON, NC 28658

Current Mailing Address:

PO BOX 1189
NEWTON, NC 28658 US

FEI Number: 83-2709166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 GREENE, ZACHARY
Address PO BOX 1189
City-State-Zip: NEWTON NC 28658

Title MBR
Name GREENE, ZACHARY
Address PO BOX 1189
City-State-Zip: NEWTON NC 28658

Title MGR
Name SEARSON, JASON
Address PO BOX 1189
City-State-Zip: NEWTON NC 28658

Title MBR
Name SEARSON, JASON
Address PO BOX 1189
City-State-Zip: NEWTON NC 28658

Title MEMBER
Name ELLISON, DONALD KEITH
Address PO BOX 1189
City-State-Zip: NEWTON NC 28658

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: ZACHARY ALLEN GREENE

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date