

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007783

**Entity Name:** TRIPROSPERITY LLC.

**Current Principal Place of Business:**

20871 JOHNSON ST. STE. 115  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

20871 JOHNSON ST. STE. 115  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 27-5098559

**Certificate of Status Desired:** No

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

JOEL FRIEND AND ASSOCIATES, INC  
2863 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 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 MGRM  
Name LOZANO, FABIO  
Address 20871 JOHNSON ST. STE. 115  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM  
Name RIAÑO, MARTHA L  
Address 440 W. PARK DRIVE # 204  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name PALACIO, MARTHA C  
Address 440 W. PARK DRIVE # 204  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name ROCHA, CLAUDIA  
Address 440 W. PARK DRIVE # 204  
City-State-Zip: MIAMI FL 33172

*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:** FABIO LOZANO

**MANAGER**

**02/24/2014**

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

\_\_\_\_\_  
Date