

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000076494

**Entity Name:** TRIOPS SOLUTIONS LLC

**Current Principal Place of Business:**

4299 NW 36TH ST  
SUITE 1  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

12401 ORANGE DRIVE  
SUITE 100C  
DAVIE, FL 33330 US

**FEI Number:** 27-3219537

**Certificate of Status Desired:** Yes

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

JOHN L ABITANTE CPA P.A  
12401 ORANGE DR.  
SUITE 100C  
DAVIE, FL 33330 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:** JOHN L ABITANTE

01/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name AGUERREVERE, ENRIQUE J  
Address 304 INDIAN TRACE  
SUITE 714  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name ZARIKIAN, ESTEBAN G  
Address 12401 ORANGE DRIVE  
SUITE 100C  
City-State-Zip: DAVIE FL 33330

Title MGRM  
Name VOLLBRACHT, CARLOS A  
Address 12401 ORANGE DRIVE  
SUITE 100C  
City-State-Zip: DAVIE FL 33330

Title MRGM  
Name CAIAZZO, JOSE V  
Address 12401 ORANGE DRIVE  
SUITE 100C  
City-State-Zip: DAVIE FL 33330

*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:** CARLOS A. VOLLBRACHT S.

**DIRECTOR**

01/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date