

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000097728

**Entity Name:** TRICON INNOVATION SERVICES, LLC

**Current Principal Place of Business:**

7852 LOOMIS STREET  
LANTANA, FL 33462

**Current Mailing Address:**

7852 LOOMIS STREET  
LANTANA, FL 33462

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SLPA, INC.  
201 N.E. FIRST AVENUE  
DELRAY BEACH, FL 33444 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 FERRANTE, JUDY  
Address PO BOX 542288  
City-State-Zip: GREENACRES FL 33454

Title MGRM  
Name FERRANTE, TOM  
Address PO BOX 542288  
City-State-Zip: GREENACRES FL 33454

*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:** TOM FERRANTE

**MGRM**

**05/01/2015**

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

\_\_\_\_\_  
Date