

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109039

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC2708459726**

**Entity Name:** TRISHAS PROFESSIONAL SERVICES " LLC"

**Current Principal Place of Business:**

9621 BAHIA ROAD  
OCALA, FL 34472

**Current Mailing Address:**

9621 BAHIA ROAD  
OCALA, FL 34472 US

**FEI Number:** 27-3159180

**Certificate of Status Desired:** No

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

SMITH, PATRICIA R  
20 JUNIPER PASS LANE  
OCALA, FL 34480 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 SMITH, PATRICIA R  
Address 20 JUNIPER PASS LANE  
City-State-Zip: Ocala FL 34480

Title MGRM  
Name IRWIN, TERRY L  
Address 2817 NE 18TH COURT  
City-State-Zip: Ocala FL 34472

Title MANAGING MEMBER  
Name FISHER, AMBER M  
Address 9621 BAHIA ROAD  
City-State-Zip: Ocala FL 34472

Title MANAGING MEMBER  
Name OROZCO, ALEXSANDRA  
Address 9621 BAHIA ROAD  
City-State-Zip: Ocala FL 34472

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA SMITH

**MANAGER**

**05/01/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date