

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000025587

Entity Name: TRIFECTA ABP LLC

Current Principal Place of Business:

220 W COUNTRY CIRCLE DRIVE
PORT ORANGE, FL 32128

Current Mailing Address:

220 W COUNTRY CIRCLE DRIVE
PORT ORANGE, FL 32128

FEI Number: 46-2062675

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANEY, SONYA L
5131 S RIDGEWOOD AVENUE
F
PORT ORANGE, FL 32127 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 PAIROT, ALFREDO
Address 220 W COUNTRY CIRCLE DRIVE
City-State-Zip: PORT ORANGE FL 32127

Title MGR
Name PAIROT, BARBARA
Address 220 W COUNTRY CIRCLE DRIVE
City-State-Zip: PORT ORANGE FL 32127

Title MGRM
Name AVALON DENTAL LLC
Address 220 W COUNTRY CIRCLE DRIVE
City-State-Zip: PORT ORANGE FL 32127

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: ALFREDO PAIROT

MEMBER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date