#### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000025587

Entity Name: TRIFECTA ABP LLC

### Current Principal Place of Business:

101 HEAVENSGATE ROAD SUITE E DELAND, FL 32720

# **Current Mailing Address:**

101 HEAVENSGATE ROAD SUITE E DELAND, FL 32720 US

### FEI Number: 46-2062675

### 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

#### Authorized Person(s) Detail :

Autionzeu Person(s) Detail.			
Title	MGR	Title	MGR
Name	PAIROT, ALFREDO	Name	PAIROT, BARBARA
Address	220 W COUNTRY CIRCLE DRIVE	Address	220 W COUNTRY CIRCLE DRIVE
City-State-Zip:	PORT ORANGE FL 32127	City-State-Zip:	PORT ORANGE FL 32127
Title	MGRM		
Name	AVALON DENTAL LLC		
Address	101 HEAVENSGATE ROAD SUITE E		

City-State-Zip: DELAND FL 32720

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

MANAGER

01/25/2016

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 25, 2016 Secretary of State CC4963382166

Certificate of Status Desired: Yes

Date