

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000128879

**FILED**  
**Jan 18, 2015**  
**Secretary of State**  
**CC6892920005**

**Entity Name:** TRIQUETRA PROFESSIONAL SOLUTIONS LLC

**Current Principal Place of Business:**

NW 122 TERRACE  
3706  
SUNRISE, FL 33323

**Current Mailing Address:**

NW 122 TERRACE  
3706  
SUNRISE, FL 33323 US

**FEI Number: 46-3649854**

**Certificate of Status Desired: Yes**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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            AMBR  
Name            HALDAR, RAJESH  
Address        NW 122 TERRACE  
                  3706  
City-State-Zip: SUNRISE FL 33323

Title            AMBR  
Name            JURGENSEN, PATRICIA  
Address        NW 122 TERRACE  
                  3706  
City-State-Zip: SUNRISE FL 33323

Title            AMBR  
Name            RAUT, AMEY  
Address        NW 122 TERRACE  
                  3706  
City-State-Zip: SUNRISE FL 33323

*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: RAJESH HALDAR**

**AMBR**

**01/18/2015**

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

\_\_\_\_\_  
Date