

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000130824

Entity Name: TRI-SENSE MEDICAL, LLC

Current Principal Place of Business:

220 BELLEVIEW BLVD., #208
BELLEAIR, FL 33756

Current Mailing Address:

220 BELLEVIEW BLVD., #208
BELLEAIR, FL 33756 US

FEI Number: 46-3722374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARKE, PHILIP
1505 N. FLORIDA AVENUE
TAMPA, FL 33601 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: PHILIP CLARKE, ESQ

01/14/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, MANAGING PARTNER
Name FISHER, MARIANNE
Address 220 BELLEVIEW BLVD., #208
City-State-Zip: BELLEAIR FL 33756

Title MGR
Name CLARKSON, TODD
Address 220 BELLEVIEW BLVD., #208
City-State-Zip: BELLEAIR FL 33756

Title MGR
Name COLLINS, DONALD
Address 220 BELLEVIEW BLVD., #208
City-State-Zip: BELLEAIR FL 33756

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: MARIANNE FISHER

MGR

01/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date