

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000061635

**Entity Name:** TRIVEDI BEAUFORT, LLC

**Current Principal Place of Business:**

14677 BEAUFORT CIRCLE  
NAPLES, FL 34119

**Current Mailing Address:**

14677 BEAUFORT CIRCLE  
NAPLES, FL 34119

**FEI Number: 46-5652174**

**Certificate of Status Desired: No**

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

KETCHUM, SCOTT M  
9180 GALLERIA CT.  
SUITE 400  
NAPLES, FL 34109 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	MGMR	Title	MGMR
Name	TRIVEDI, KETAN H	Name	TRIVEDI, MAMTA
Address	14677 BEAUFORT CIRCLE	Address	14677 BEAUFORT CIRCLE
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119

*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: KETAN TRIVEDI** \_\_\_\_\_

**MGMR**

**01/25/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date