

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000130437

**Entity Name:** TSJ INSTITUTE, LLC

**Current Principal Place of Business:**

4535 SW 34TH STREET  
SUITE C  
ORLANDO, FL 32811

**Current Mailing Address:**

4535 SW 34TH STREET  
SUITE C  
ORLANDO, FL 32811

**FEI Number:** 47-1708804

**Certificate of Status Desired:** No

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

MEIER, GREGORY W ESQ.  
SHUFFIELD, LOWMAN & WILSON, P.A.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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 ANDERSON, TREVOR  
Address 4761 MAPLE PARK STREET  
City-State-Zip: ORLANDO FL 32811

Title MGR  
Name SRINIVASAN, SANJAY S  
Address 4535 SW 34TH STREET, SUITE C  
City-State-Zip: ORLANDO FL 32811

Title MGR  
Name BAKER, JEFFREY  
Address 5515 JESSAMINE LANE  
City-State-Zip: ORLANDO FL 32801

*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:** TREVOR ANDERSON

**OWNER**

**03/01/2018**

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

\_\_\_\_\_  
Date