

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000196595

**Entity Name:** TRAFALGAR DISABILITY MANAGERS CO. LLC

**Current Principal Place of Business:**

7500 SW 126 STREET  
PINECREST, FL 33156

**Current Mailing Address:**

7500 SW 126 STREET  
PINECREST, FL 33156 US

**FEI Number:** 47-2688710

**Certificate of Status Desired:** No

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

HUXMAN, ROGER A  
7500 SW 126 STREET  
PINECREST, FL 33156 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 HUXMAN, ROGER A  
Address 7500 SW 126 STREET  
City-State-Zip: PINECREST FL 33156

*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:** ROGER A HUXMAN

MGR

06/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date