

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002364

**Entity Name:** TRIAGE PARTNERS, L.L.C.

**Current Principal Place of Business:**

1715 WESTSHORE BLVD  
SUITE 250  
TAMPA, FL 33607

**Current Mailing Address:**

210 SOUTH LINCOLN AVE.  
TAMPA, FL 33609

**FEI Number: 51-0439152**

**Certificate of Status Desired:** No

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

DOMINGUEZ, PATRICIA  
210 SOUTH LINCOLN AVE.  
TAMPA, FL 33609 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 DOMINGUEZ, PATRICIA  
Address 210 SOUTH LINCOLN AVE.  
City-State-Zip: TAMPA FL 33609

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA DOMINGUEZ** \_\_\_\_\_

**MANAGER**

**01/28/2013**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date