

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109984

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** TRI-COUNTY PROFESSIONALS, LLC

**Current Principal Place of Business:**

500 NW 43RD STREET  
SUITE #3  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

4110 NW 37TH PL  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 20-5876504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYTLE, ROBERT W II  
500 NW 43RD STREET #3  
GAINESVILLE, FL 32607 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** LYTLE, ROBERT W II  
**Address:** 4110-D NW 37TH PL  
**City-St-Zip:** GAINESVILLE, FL 32606

I hereby certify that the information indicated on this 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.

**SIGNATURE:** ROB LYTLE

MNGR

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date