

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011317

Entity Name: TRI-LIFE TRAINING, LLC

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14201 BRUCE B. DOWN BLVD.  
SUITE 2  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

14201 BRUCE B. DOWN BLVD.  
SUITE 2  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 26-1864681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JUNQUEIRA, PATRICIA  
14201 BRUCE B. DOWN BLVD.  
SUITE 2  
TAMPA, FL 33613 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: MGRM  
Name: JUNQUEIRA, PATRICIA  
Address: 15210 AMBERLY DR # 1831  
City-St-Zip: TAMPA, FL 33647

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: PATRICIA JUNQUEIRA

MGRM

03/01/2011

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