

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000027108

Entity Name: TETHRIPPON LLC

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

200 SOUTH ORANGE AVE.  
SUITE 1875  
ORLANDO, FL 32801 US

## **New Principal Place of Business:**

5036 DR PHILLIPS BLVD  
SUITE 336  
ORLANDO, FL 32819 US

## **Current Mailing Address:**

200 SOUTH ORANGE AVE.  
SUITE 1875  
ORLANDO, FL 32801 US

## **New Mailing Address:**

5036 DR PHILLIPS BLVD  
SUITE 336  
ORLANDO, FL 32819 US

FEI Number: 26-2262532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLORA, THOMAS A  
200 SOUTH ORANGE AVE.  
SUITE 1875  
ORLANDO, FL 32801 US

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

FLORA, THOMAS A  
5036 DR PHILLIPS BLVD  
SUITE 336  
ORLANDO, FL 32819 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: THOMAS A FLORA

01/29/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FLORA, THOMAS A  
Address: 5036 DR PHILLIPS BLVD # 336  
City-St-Zip: ORLANDO, FL 32819 US

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: THOMAS A FLORA

MGRM

01/29/2011

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