

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103972

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** TRISTAN ELLYN ASSOCIATES, LLC

**Current Principal Place of Business:**

1300 HALAPA WAY  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 HALAPA WAY  
TRINITY, FL 34655 US

**New Mailing Address:**

14851 SR 52  
B101  
HUDSON, FL 34669 US

**FEI Number:** 27-1209398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEUPPIE, TERESA M  
14851 STATE ROAD 52, SUITE B101  
HUDSON, FL 34669 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:** LEUPPIE, JEFFREY A  
**Address:** 1300 HALAPA WAY  
**City-St-Zip:** TRINITY, FL 34655 US

**Title:** MGRM  
**Name:** LEUPPIE, TERESA M  
**Address:** 1300 HALAPA WAY  
**City-St-Zip:** TRINITY, FL 34655 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:** TERESA M. LEUPPIE

CEO

02/13/2012

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