

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000056

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** TRIPLE E HEALTH SERVICES LLC

**Current Principal Place of Business:**

137 SOUTH PEBBLE BEACH BLVD  
202C, SUNCITY CENTER  
SUNCITY, FL 33573 US

**New Principal Place of Business:**

137 SOUTH PEBBLE BEACH BLVD  
202D  
SUNCITY CENTER, FL 33573 US

**Current Mailing Address:**

137 SOUTH PEBBLE BEACH BLVD  
202C, SUNCITY CENTER  
SUNCITY, FL 33573 US

**New Mailing Address:**

137 SOUTH PEBBLE BEACH BLVD  
202D,  
SUNCITY CENTER, FL 33573 US

**FEI Number:** 27-4425644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, EDNA  
1811 COQUI CT  
ODESSA,, FL 33556 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:** IKPEKPE, EUNICE  
**Address:** 137 SOUTH PEBBLE BEACH BLVD  
**City-St-Zip:** SUNCITY CENTER, FL 33573 US

**Title:** MGRM  
**Name:** PEREZ, EDNA  
**Address:** 137 SOUTH PEBBLE BEACH BLVD  
**City-St-Zip:** SUNCITY CENTER, FL 33573 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:** EUNICE IKPEKPE

MGR

04/12/2012

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