

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033328

Entity Name: TRIA CONSULTING, LLC

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

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

1800 2ND STREET  
SUITE 901  
SARASOTA, FL 34236

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

8590 POTTER PARK DRIVE  
SUITE B  
SARASOTA, FL 34238

## **Current Mailing Address:**

1800 2ND STREET  
SUITE 901  
SARASOTA, FL 34236

## **New Mailing Address:**

8590 POTTER PARK DRIVE  
SUITE B  
SARASOTA, FL 34238

FEI Number: 20-8444031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WOLFF, PHILLIP A  
1800 2ND STREET  
SUITE 901  
SARASOTA, FL 34236 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: WOLFF, CHARLENE H  
Address: 4099 LOSILLIAS DRIVE  
City-St-Zip: SARASOTA, FL 34238

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: CHARLENE WOLFF

PRES

03/24/2012

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