2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000111842

Entity Name: SEQUEL TSI OF FLORIDA, LLC

Current Principal Place of Business:

1131 EAGLETREE LANE HUNTSVILLE, AL 35801

Current Mailing Address:

1131 EAGLETREE LANE HUNTSVILLE. AL 35801 US

FEI Number: 27-1360815 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 33324 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:

Electronic Signature of Registered Agent

Date

FILED Mar 22, 2017

Secretary of State

CC8585774981

Authorized Person(s) Detail:

Title **MEMBER** Title DIRECTOR

SEQUEL TSI HOLDINGS, LLC Name Name SHAPIRO, ADAM

Address 1131 EAGLE TREE LANE Address 1131 EAGLETREE LANE

City-State-Zip: HUNTSVILLE AL 35801 HUNTSVILLE AL 35801 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name STUPAK, JOHN RILEY, JOHN Name

Address 1131 EAGLETREE LANE Address 1131 EAGLETREE LANE HUNTSVILLE AL 35801 City-State-Zip: HUNTSVILLE AL 35801 City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

Name GILBERT, STEVE MOSES, MANDY Name

Address 1131 EAGLETREE LANE Address 1131 EAGLETREE LANE **HUNTSVILLE AL 35801**

City-State-Zip: HUNTSVILLE AL 35801 City-State-Zip:

Title AUTHORIZED PERSON, CFO,

DIRECTOR, EXECUTIVE VICE

PRESIDENT

Name POTTS, SYBIL

Address 1131 EAGLETREE LANE City-State-Zip: HUNTSVILLE AL 35801

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SYBIL POTTS

CHIEF FINANCIAL **OFFICER**

03/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date