

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000008793

**Entity Name:** TRINGALI BIOTECH LLC

**Current Principal Place of Business:**

512 S ORLEANS AVENUE  
UNIT 4  
TAMPA, FL 33606

**FILED**  
**Mar 16, 2014**  
**Secretary of State**  
**CC0193404218**

**Current Mailing Address:**

512 S ORLEANS AVENUE  
UNIT 4  
TAMPA, FL 33606 US

**FEI Number:** 46-1792624

**Certificate of Status Desired:** No

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

TRINGALI, MICHAEL D  
512 S ORLEANS AVENUE  
UNIT 4  
TAMPA, FL 33606 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

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	MANAGER
Name	TRINGALI, MICHAEL D	Name	TRINGALI, TRACY T
Address	512 S ORLEANS AVENUE UNIT 4	Address	512 S ORLEANS AVENUE UNIT 4
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

*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:** MICHAEL D TRINGALI

**PRESIDENT**

**03/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date