

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000137424

**Entity Name:** TRIQUETRA HEALTH LLC

**Current Principal Place of Business:**

5840 HWY 60 E  
PLANT CITY, FL 33567

**Current Mailing Address:**

5840 HWY 60 E  
PLANT CITY, FL 33567 US

**FEI Number:** 46-3785903

**Certificate of Status Desired:** No

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

GILL, SEAN  
5840 HWY 60 E  
PLANT CITY, FL 33567 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 MGR  
Name GILL, SEAN  
Address 601 SOUTHWOOD COVE  
City-State-Zip: BRANDON FL 33511

*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:** SEAN GILL

**MR.**

**04/30/2014**

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

\_\_\_\_\_  
Date