

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