

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000067229

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC4972372849**

**Entity Name:** TREASURE COAST BUSINESS SOLUTION LLC

**Current Principal Place of Business:**

3245 SW PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

3245 SW PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 47-3760151

**Certificate of Status Desired:** No

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

JACQUELINE, JARQUIN  
3245 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34953 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 MBR  
Name JARQUIN, JACQUELINE  
Address 3245 SW PORT ST LUCIE BLVD  
City-State-Zip: PORT ST LUCIE FL 34953

Title MBR  
Name LASALDE, ALZIRAIDA  
Address 3245 SW PORT ST LUCIE BLVD  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** JACQUELINE JARQUIN

MBR

04/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date