

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002037

FILED
May 01, 2008
Secretary of State

Entity Name: TRIAL CONSULTING SERVICES, LLC

Current Principal Place of Business:

4227 HENDERSON BLVD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4227 HENDERSON BLVD
TAMPA, FL 33629

New Mailing Address:

FEI Number: 46-0465738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOSCO, ANTHONY MGRM
4227 HENDERSON BLVD
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

BOSCO, ANTHONY MGR
4227 HENDERSON BLVD
TAMPA, FL 33629 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: ANTHONY BOSCO

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOUCHER, MICHAEL
Address: 4227 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: BOSCO, ANTHONY
Address: 4227 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOUCHER, MICHAEL
Address: 4227 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

Title: MGR (X) Change () Addition
Name: BOSCO, ANTHONY
Address: 4227 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANTHONY BOSCO

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date