

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000060366

Entity Name: TREO, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9615 JASMINE BLVD  
NEW PORT RICHEY, FL 34654 US

**New Principal Place of Business:**

3610 GALILEO DRIVE  
SUITE 106  
NEW PORT RICHEY, FL 34655 US

**Current Mailing Address:**

9615 JASMINE BLVD  
NEW PORT RICHEY, FL 34654 US

**New Mailing Address:**

3610 GALILEO DRIVE  
SUITE 106  
NEW PORT RICHEY, FL 34655 US

FEI Number: 20-1492878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SKAGGS, LLOYD P  
9615 JASMINE BLVD  
NEW PORT RICHEY, FL 34654 US

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

ENERSON, NEIL  
3610 GALILEO DRIVE  
SUITE 106  
NEW PORT RICHEY, FL 34655 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: NEIL ENERSON

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SKAGGS, LLOYD P  
Address: 3610 GALILEO DRIVE, SUITE 106  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: MGRM  
Name: ENERSON, NEIL  
Address: 3610 GALILEO DRIVE, SUITE 106  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

I hereby 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: NEIL ENERSON

MGRM

04/28/2010

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