

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L00000004666

1. Entity Name

TREDALIGN, LLC



Principal Place of Business

Mailing Address

4111 N JOHN YOUNG PARKWAY, BAY 1
ORLANDO FL 32804

15711 NE 6TH CIRCLE
VANCOUVER WA 98684



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3649120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINTON, ROBERT
4111 N. JOHN YOUNG PKWY
ORLANDO FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME NEWTON, LESTER D
STREET ADDRESS 15711 NE 6TH CIRCLE
CITY-ST-ZIP VANCOUVER WA 98684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS L000000657148
CITY-ST-ZIP 03/14/07-80055-008 50.00

TITLE ST ☐ Delete
NAME NEWTON, ANNETTE W
STREET ADDRESS 15711 NE 6TH CIRCLE
CITY-ST-ZIP VANCOUVER WA 98684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Annette W. Newton

SIGNATURE:

Annette W. Newton

2/27/07 (360) 896-3765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #