

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90015 005 \*\*\*143.75

**DOCUMENT # L01000004945**

1. Entity Name  
**TRIGEANT, LLC**



Principal Place of Business  
**3020 NORTH MILITARY TRAIL, SUITE 100  
BOCA RATON, FL 33431**

Mailing Address  
**3020 NORTH MILITARY TRAIL, SUITE 100  
BOCA RATON, FL 33431**

*1001 McKinney  
Ste 1650  
Houston, TEXAS 77002-6401*



**DO NOT WRITE IN THIS SPACE**

01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**65-1112035**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROOS, STEPHEN L  
3020 NORTH MILITARY TRAIL, SUITE 100  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ROOS, STEPHEN L
STREET ADDRESS	3020 NORTH MILITARY TRAIL, SUITE 100
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

**SIGNATURE:**

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

*3/13/08*

Date

*561-999-9916*

Daytime Phone #