


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011497 1. Entity Name TREMBLAY INVESTMENTS, LLC	
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Principal Place of Business 10870 NW 52ND STREET SUNRISE, FL 33351	Mailing Address 10870 NW 52ND STREET SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1127324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TREMBLAY, SYLVAIN 10870 NW 52ND STREET SUNRISE, FL 33351	DO NOT WRITE IN THIS SPACE
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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


**Filing Fee is \$50.00
Due by May 1, 2004**

U00000089381
03/15/04-80090-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TREMBLAY, SYLVAIN 10870 NW 52ND STREET SUNRISE, FL 33351
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Sylvain Tremblay** ☒ **2-4-04** ☒ **944-58-7071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #