


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90030 037 \*\*\*\*55.00

<b>DOCUMENT # L02000002693</b> 1. Entity Name TRIDENT MANUFACTURING & DISTRIBUTION, L.L.C.	
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Principal Place of Business 7453 BROKERAGE DRIVE ORLANDO, FL 32809	Mailing Address 7453 BROKERAGE DRIVE ORLANDO, FL 32809
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1002204	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  MURRAY, RENE 9101 PALM TREE DRIVE WINDERMERE, FL 34786	7. Name and Address of New Registered Agent Name <u>Thomas R. Murray</u> Street Address (P.O. Box Number is Not Acceptable) <u>7453 Brokerage Dr.</u> City <u>Orlando</u> FL Zip Code <u>32809</u>
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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] (NOTE: Registered Agent signature required when reinstating) DATE 4/12/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, RENE 9101 PALM TREE DRIVE WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Murray, Thomas 9453 Brokerage Dr. Orlando, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] RENE MURRAY 11/1/05 427 858-1701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

H0062314

ATTACHMENT # LO2000002693

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: TRIDENT Manufacturing & Distribution, LLC.

2. The mailing address of the limited liability company is: 7453 Brokerage Dr.

Orlando, Florida 32809

12/31/2011  
3. Date of filing/registration in Florida

LO2000002693  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Rene Murray  
Name

9101 Palm Tree Dr  
Address

Windermere FL 34786  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Thomas Murray  
Name

9212 Palm Tree Dr.  
Florida street address (P.O. Box NOT acceptable)

Windermere FL 34786  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rene Murray  
(Signature of a member or authorized representative of a member)

Rene Murray  
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Rene Murray  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

ATTACHMENT

40062314  
# L02000002693

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Rene Murray, hereby resign as Registered Manager/member  
(Title)

of TRENT Manufacturing & Distribution, LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

Rene Murray  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314