

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90058 013 ****50.00

DOCUMENT # L02000008560

1. Entity Name

TRILIUM DISTRIBUTION, LLC



Principal Place of Business

3802 EHRLICH RD., STE. 110
TAMPA FL 33624

Mailing Address

3802 EHRLICH RD., STE. 110
TAMPA FL 33624

20019962



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3802 Ehrlich Rd

3. Mailing Address

3802 Ehrlich Rd

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Tampa FL

City & State

Tampa, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

04-3636564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, STEPHEN C
315 S. HYDE PARK AVE.
TAMPA FL 33606

7. Name and Address of New Registered Agent

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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT, HGRN
NAME: CRAIG CUFFE
STREET ADDRESS: 3802 EHRLICH RD
CITY-ST-ZIP: TAMPA, FL. 33024 ☐ Delete

TITLE: VICE-PRESIDENT, HGRN
NAME: JOHN DUBOIS
STREET ADDRESS: 3802 EHRLICH RD
CITY-ST-ZIP: TAMPA, FL. 33024 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

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

1/15/03

813-908-6619

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

Date

Daytime Phone #

CR2E083 (10/02)