

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000022959**

1. Entity Name  
**TRIMCO HOLDINGS, LLC**



Principal Place of Business  
**345 WEST 74TH PLACE  
MIAMI, FL 33014**

Mailing Address  
**345 WEST 74TH PLACE  
MIAMI, FL 33014**



02082006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0429833**

Applied for  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**CANTOR, JERALD C  
4000 HOLLYWOOD BLVD., SUITE 265S  
HOLLYWOOD, FL 33021**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

U000000440984  
03/03/06-80018-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ZAMRITO, STEVEN  
345 W 74TH PL  
MIAMI, FL 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GREENSTEIN, STUART  
345 W 74TH PL  
MIAMI, FL 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MENDOZA, BRUNO  
345 W 74TH PL  
MIAMI, FL 33014**

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 executor 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

**2/14/06**  
Date

**(305) 362-3035**  
Daytime Phone