

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002194

Entity Name: TRIPDIRECTORS L.L.C.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10 WEST WALNUT  
HERINGTON, KS 67449

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 55  
HERINGTON, KS 67449

**New Mailing Address:**

FEI Number: 85-0486217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MEMB  
Name: AREVALO, THOMAS PRES  
Address: 10 WEST WALNUT  
City-St-Zip: HERINGTON, KS 67449

Title: MEMB  
Name: AREVALO, ALEXIS  
Address: 10 WEST WALNUT  
City-St-Zip: HERINGTON, KS 67449

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS AREVALO

MEMB

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date