2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # L0300005762 1. Entity Name TRIDOCS, L.L.C.					O4-28-2008 90033 003 ***138.75				
Principal Plac	ce of Business	Mailing Address			,				
2100 STATE		830 FLORIDA AVENUE							
	Y, FL 32405		LYNN HAVEN, FL 32444						
					1 10 0 15 0 11	DELETE CHIEF CORN CORN	BBIG BBIG BGIBL BIGG 19718 BIGG II	1808) (II 1881	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
830	Florion Aue	J. Manning Carrotto					BBAN BBAN BBLBL BNUL IABUS BLIIB II	INNU 1U URBI	
Suite, Apt.		Suite, Apt. #, etc.			04182008	Chg-LLC	CR2E083 (12/06)		
L									
City & State LVAVA HAUGH		City & State			4. FEI Numbe			pplied For ot Applicable	
Zip	Country	Zip	Country				\$5.00 **		
3244			,		5. Certificate	of Status Desire	d Fee Require	ed	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	v Registered Agent		
AMERICAN AUDICTIVE D				Christine B Sweetser					
SWEETSER, CHRISTINE B 2100 STATE AVE.				Street Address (P.O. Box Number is Not Acceptable)					
PANAMA CITY, FL 32405								-	
				830 Florida Ave					
			City						
8. The above	named entity submits this statement for	or the purpose of changing its	registered office of	or registeri				, and accept	
the obligat	tions of registered agent.	1/ 1. (_	-	_		1 41	5	
SIGNATURE .		man _					4-24-20	108	
- ;	* Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signs	ture required	when reinstating)		DATE		
		1							
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.79	5					lake check payable to ida Department of Stat	te	
After May	y 1, 2008 Fee will be \$538.7	ERS/MANAGERS	10.			Flor	ida Department of Stat		
9.	MANAGING MEMBI		TITLE	MER	m #42 > 6	ADDITION	ida Department of Stat	Addition	
9. ITITLE PORTING	MANAGING MEMBI MGRM SWEETSER, MATTHEW G	ERS/MANAGERS	TITLE NAME	mat	thew G	ADDITION SWEET	Ida Department of States IS/CHANGES Change		
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11. Thereby certify that the information supplied with his filing does not quality for the exemptions contained in Chapter 1.9, Proful Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-2008 850-271-262