

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90420 040 ****50.00

DOCUMENT # L03000018663

1. Entity Name

TRANSE ENERGY LLC



Principal Place of Business

106 LEWFIELD CIR
WINTER PARK FL 32792

Mailing Address

106 LEWFIELD CIR
WINTER PARK FL 32792

2. Principal Place of Business

5227 E COLONIA DR

Suite, Apt. #, etc.

A

3. Mailing Address

106 Lewfield CIR

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

ORLANDO

City & State

WINTER PARK

4. FEI Number

38-3680696

Applied For

Not Applicable

Zip

32807

Country

ORANGE

Zip

32792

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

IVANOV, HRISTO L
106 LEWFIELD CIR
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

EUGENI KARLOV

Street Address (P.O. Box Number is Not Acceptable)

106 LEWFIELD CIR

WINTER PARK, FL

City

WINTER PARK

FL

Zip Code

32792

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]
Signature, typed or printed name of registered agent and title if applicable.

D/P/S EUGENI KARLOV

(NOTE: Registered Agent signature required when reinstating)

4/12/04

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IVANOV, HRISTO L
106 LEWFIELD CIR
WINTER PARK, FL 32792

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P/S
EUGENI KARLOV
106 LEWFIELD CIR
WINTER PARK, FL 32792

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ 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] EUGENI KARLOV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/04

321-277-9215