

ANNUAL REPORT

DOCUMENT # L03000023888

1. Entity Name
TRI-M, LLC

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90077 020 ****50.00

Principal Place of Business

9729 WHITE ROAD
OCOE, FL 34761

Mailing Address

9729 WHITE ROAD
OCOE, FL 34761

2. Principal Place of Business

9715 White Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-LLC

CR2E083 (10/03)

City & State

Ocoee, FL

City & State

4. FEI Number

65-1193525

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

Country

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

YERGEY, DAVID A JR
211 N. MAGNOLIA AVENUE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name MILFORD M. MULVEY

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

9715 White Road

City Ocoee

FL

Zip Code

34761

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 resigning)

1/24/05

DATE

Filing Fee is \$50.00
Due by May 1, 2005Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MULVEY, MILFORD M	
STREET ADDRESS	9729 WHITE ROAD	
CITY-ST-ZIP	OCOE, FL 34761	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 606, Florida Statutes.

SIGNATURE