

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032831

FILED
Sep 11, 2004
Secretary of State

Entity Name: TRIMERGE CONSULTING GROUP LLC

Current Principal Place of Business:

4933 SW 171 TERRACE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 278315
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-0192243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZARRE, GERALDINE
1265 NE 155 STREET
MIAMI, FL 33162 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/MEMBERS:

Title: MGRM () Delete
Name: LAZARRE, GERALDINE
Address: 1265 NE 155 STREET
City-St-Zip: MIAMI, FL 33162

Title: MGRM () Delete
Name: MAHONEY-BROWN, KRISTINA
Address: 4933 SW 171 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM (X) Delete
Name: WILLIAMS, TEDANE
Address: 2899 NE 207 STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GERALDINE LAZARRE

MGRM

09/11/2004

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