

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000035737

1. Entity Name
TRI FAMILY HOLDINGS, LLC



Principal Place of Business
2281 N.W. 125TH TERRACE
PEMBROKE PINES, FL 33028

Mailing Address
2281 N.W. 125TH TERRACE
PEMBROKE PINES, FL 33028



02162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0717785

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, ROSARIO
2281 N.W. 125TH TERRACE
PEMBROKE PINES, FL 33028

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000678883
04/03/07-80016-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ZAMORA, ROSARIO
STREET ADDRESS 2281 N.W. 125TH TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE MGR
NAME MARCOS, GLENN
STREET ADDRESS 9021 N.W. 171ST STREET
CITY-ST-ZIP MIAMI, FL 33018

TITLE MGR
NAME MONTES, JOSE
STREET ADDRESS 7823 N.W. 168TH TERRACE
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/23/07 954-296-1837