

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039561

FILED  
Jul 10, 2012  
Secretary of State

**Entity Name:** TRI-STATE DEVELOPMENT, LLC

**Current Principal Place of Business:**

27120 HICKORY BOULEVARD  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O P. B. CASEY  
P.O. BOX 2527  
BONITA SPRINGS, FL 34133-252

**New Mailing Address:**

**FEI Number:** 11-3708005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASEY, PATRICK B JD, CPA  
9240 BONITA BEACH ROAD  
SUITE 2209  
BONITA SPRINGS, FL 34135 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/MANAGERS:**

Title: MGRM  
Name: SAWYER, JON C  
Address: 27120 HICKORY BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR  
Name: RIVERA, LUIS F  
Address: 27120 HICKORY BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR  
Name: SAWYER, KIMBERLY  
Address: 27120 HICKORY BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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: KIMBERLY E. SAWYER

MGR

07/10/2012

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