2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-03-2004 90134 050 ****50.00

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DOCUMENT # L03000047308

1. Entity Name
TRISHUAL PETROLEUM, L.L.C

Principal Place of Business	Mailing Address
4460 MCINTOSH RD 4660 DOVER, FL 33527 US	4660 4460 MCINTOSH RD DOVER, FL 33527 US

34008738

04222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	4660 McINTOSH ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DOVER, FL	City & State
Zip: 33527 Country	Zip Country

4. FEI Number 20-0433307 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KESARWANI, ANIL 4460 MCINTOSH RD DOVER, FL 33527	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANIL, KERSARWANI 4460 MCINTOSH RD DOVER, FL 33527	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KUMAR, RAJINDER 4460 MCINTOSH RD DOVER, FL 33527	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Kesar 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #