

LLC
FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90383 002 ***150.00

DOCUMENT # L03000047308	
1. Entity Name	
Trishual Petroleum LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4460 McIntosh Road		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dover, FL		City & State	
Zip 33527	Country	Zip	Country

20022249

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0433307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KESARWANI, ANIL
Street Address (P.O. Box Number is Not Acceptable)
4460 MCINTOSH RD

City FL **Zip Code**
Dover 33527

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

<table border="1" style="width: 100%;"><tr><td style="width: 20%;">TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>Anil Kesarwani</td></tr><tr><td>STREET ADDRESS</td><td>4460, McIntosh road</td></tr><tr><td>CITY-ST-ZIP</td><td>Dover, FI - 33527</td></tr></table>	TITLE	MGR	NAME	Anil Kesarwani	STREET ADDRESS	4460, McIntosh road	CITY-ST-ZIP	Dover, FI - 33527	<table border="1" style="width: 100%;"><tr><td style="width: 20%;">TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kesarwani ANIL KESARWANI

3/2/05

813-754-7570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #