

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000047308**

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



Principal Place of Business  
**4460 MCINTOSH ROAD  
DOVER, FL 33527 US**

Mailing Address  
**4660 MCINTOSH RD  
DOVER, FL 33527 US**



02162007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**KESARWANI, ANIL  
4460 MCINTOSH RD  
DOVER, FL 33527**

**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**

U000000671707  
03/28/07-80040-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ANIL, KESARWANI
STREET ADDRESS	4460 MCINTOSH RD
CITY - ST - ZIP	DOVER, FL 33527
TITLE	MGRM
NAME	KUMAR, RAJINDER
STREET ADDRESS	4460 MCINTOSH RD
CITY - ST - ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:**

*Rose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/19/07

Date

813.754.7528

Daytime Phone #