

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90536 049 ****50.00

DOCUMENT # L04000006035

1. Entity Name

TREND REALTY GROUP, LLC



Principal Place of Business

21405 MARSH HAWK DRIVE
LAND O LAKES FL 34639
US

Mailing Address

21405 MARSH HAWK DRIVE
LAND O LAKES FL 34639
US

2. Principal Place of Business

2519 McMullen Booth

Suite, Apt. #, etc.

Suite # 510-314

City & State

Clearwater, FL

Zip

33761

Country

USA

3. Mailing Address

2519 McMullen Booth

Suite, Apt. #, etc.

Suite # 510-314

City & State

Clearwater, FL

Zip

33761

Country

USA

20023206



1st MOORE

CR2E083 (10/04)

4. FEI Number

27-0107737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDHOFF, JEFF
21405 MARSH HAWK DRIVE
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name

William J Norris

Street Address (P.O. Box Number is Not Acceptable)

2519 McMullen Booth Suite 510-314

City

Clearwater, FL 33761

FL

Zip Code

33761

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

2/8/05

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SANDHOFF, JEFF ☒ Delete
STREET ADDRESS 21405 MARSH HAWK DRIVE
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE MGRM
NAME NORRIS, WILLIAM ☐ Delete
STREET ADDRESS 21405 MARSH HAWK DRIVE
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

2-8-05

813
843
3323