2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 26, 2008 8:00 am
Secretary of State
03-26-2008 90115 048 ***143.75

60017253

1st MOORE CR2E083 (10/07)

DOCUMENT # L04000015167

1. Entity Name
TROLLEY SYSTEMS OF AMERICA, LLC

Principal Place of Business
2618 ESPANOLA AVE
SARASOTA FL 34239

Mailing Address
PO BOX 5718
SARASOTA FL 34277

2. Principal Place of Business - No P.O. Box #: 2618 Espanola Ave
Suite, Apt. #, etc:
City & State: Sarasota FL
Zip: 34239 Country:

3. Mailing Address: PO Box 5718
Suite, Apt. #, etc:
City & State: Sarasota FL
Zip: 34277 Country:

4. FEI Number: 20-2653434 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORIN, BARRON P
3714 ALLENWOOD STREET
SARASOTA FL 34232-1204

7. Name and Address of New Registered Agent

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 Barron Morin [signature] 1-25-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	MORIN, BARRON P	
STREET ADDRESS	3714 ALLENWOOD STREET	
CITY-ST-ZIP	SARASOTA FL 34232-1204	
TITLE	MGR	☐ Delete
NAME	ANGEMI, RONALD	
STREET ADDRESS	5790 ITHACA WAY	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #