

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015167

FILED
Jun 25, 2009
Secretary of State

Entity Name: TROLLEY SYSTEMS OF AMERICA, LLC

Current Principal Place of Business:

2618 ESPANOLA AVE
SARASOTA, FL 34239

New Principal Place of Business:

3714 ALLENWOOD ST
SARASOTA, FL 34232

Current Mailing Address:

PO BOX 5718
SARASOTA, FL 34277

New Mailing Address:

3714 ALLENWOOD ST
SARASOTA, FL 34232

FEI Number: 20-2653434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORIN, BARRON P
3714 ALLENWOOD STREET
SARASOTA, FL 342321204 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORIN, BARRON P
Address: 3714 ALLENWOOD STREET
City-St-Zip: SARASOTA, FL 342321204

Title: MGR () Delete
Name: ANGEMI, RONALD
Address: 5790 ITHACA WAY
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: MORIN, BARRON P
Address: 3714 ALLENWOOD STREET
City-St-Zip: SARASOTA, FL 342321204

Title: PRES (X) Change () Addition
Name: ANGEMI, RONALD
Address: 5790 ITHACA WAY
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRON P MORIN

VP

06/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date