

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90369 021 ****55.00

14013120



DOCUMENT # L04000021380 1. Entity Name TRIVEGA, LLC					
Principal Place of Business 1411 HOUNDS HOLLOW COURT LUTZ, FL 33549			Mailing Address 1411 HOUNDS HOLLOW COURT LUTZ, FL 33549		
2. Principal Place of Business 1411 HOUNDS HOLLOW CT		3. Mailing Address 1411 HOUNDS HOLLOW CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LUTZ, FL		City & State LUTZ, FL		4. FEI Number 20-0889738	
Zip 33549		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUK, JANE A 200 SOUTH BISCAYNE BLVD. C/O WHITE & CASE MIAMI, FL 33131-2352			7. Name and Address of New Registered Agent Name RICHARD K. CASON Street Address (P.O. Box Number is Not Acceptable) 1411 HOUNDS HOLLOW CT City LUTZ FL Zip Code 33549		
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 <u><i>Richard K Cason</i></u> DATE <u>03/31/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM RICHARD K. CASON 1411 HOUNDS HOLLOW CT LUTZ, FL 33549		
			MGRM GAILE E. CASON 2817 DAY AVE MIAMI, FL 33133		
			MGRM VICKI L. BOLLINGER 10385 CARROLLWOOD LANE #308 TAMPA, FL 33618		
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: <u><i>Richard K Cason</i></u>			Date <u>03/31/2005</u> Daytime Phone # <u>813-948-0453</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					