

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000025842**

1. Entity Name  
**TRIO, LLC**



Principal Place of Business  
**2070 SOUTH MILITARY TRAIL  
STE. 105  
WEST PALM BEACH, FL 33415 US**

Mailing Address  
**2070 SOUTH MILITARY TRAIL  
STE. 105  
WEST PALM BEACH, FL 33415 US**



03192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1320284**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MONTUS-COLEMAN, KAREN  
1856 BROOKSIDE ST NE  
PALM BAY, FL 32907**

**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)

**3/20/07**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MONTAS, JOSE M  
2070 SOUTH MILITARY TRAIL SUITE 105  
WEST PALM BEACH, FL 33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRITO, ARGENTINA  
2070 SOUTH MILITARY TRAIL SUITE 105  
WEST PALM BEACH, FL 33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MONTAS-COLEMAN, KAREN M  
2070 SOUTH MILITARY TRAIL SUITE 105  
WEST PALM BEACH, FL 33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MONTAS-SAEZ, KAREN P  
2070 SOUTH MILITARY TRAIL SUITE 105  
WEST PALM BEACH, FL 33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MONTAS, KAREN L  
2070 SOUTH MILITARY TRAIL SUITE 105  
WEST PALM BEACH, FL 33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000678936  
04/03/07-80018-017 50.00

**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:**

**3/20/07**

**561-373-  
6275**

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

Date

Daytime Phone #