## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000025842

Entity Name: TRIO, LLC

City-St-Zip:

WEST PALM BEACH, FL 33415

FILED Apr 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2070 SOUTH MILITARY TRAIL STE. 105 WEST PALM BEACH, FL 33415 US **New Mailing Address: Current Mailing Address:** 2070 SOUTH MILITARY TRAIL STE. 105 WEST PALM BEACH, FL 33415 US FEI Number: 20-1320284 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONTUS-COLEMAN, KAREN MONTAS-COLEMAN, KAREN 1856 BROOKSIDE ST NE 205 BRANDYCREEK CR PALM BAY, FL 32907 PALM BAY, FL 32909 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: KAREN M MONTAS-COLEMAN 04/21/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete MONTAS, JOSE M Name: Name: 2070 SOUTH MILITARY TRAIL SUITE 105 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BRITO, ARGENTINA Name: Name: Address: 2070 SOUTH MILITARY TRAIL SUITE 105 Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MONTAS-COLEMAN, KAREN M Name: Name: 2070 SOUTH MILITARY TRAIL SUITE 105 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition Name: MONTAS-SAEZ, KAREN P Name: Address: 2070 SOUTH MILITARY TRAIL SUITE 105 Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MONTAS, KAREN L Name: 2070 SOUTH MILITARY TRAIL SUITE 105 Address: Address:

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.

City-St-Zip:

SIGNATURE: JOSE M MONTAS MGR 04/21/2008