2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L04000025842

Entity Name: TRIO, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1320284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTAS-COLEMAN, KAREN
205 BRANDYCREEK CR
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

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:	MONTAS, JOSE M	
Address:	2070 SOUTH MILITARY TRAIL SUITE 105	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	MGRM	( ) Delete
Name:	BRITO, ARGENTINA	
Address:	2070 SOUTH MILITARY TRAIL SUITE 105	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	MGRM	( ) Delete
Name:	MONTAS-COLEMAN, KAREN M	
Address:	2070 SOUTH MILITARY TRAIL SUITE 105	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	MGRM	( ) Delete
Name:	MONTAS-SAEZ, KAREN P	
Address:	2070 SOUTH MILITARY TRAIL SUITE 105	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	MGRM	( ) Delete
Name:	MONTAS, KAREN L	
Address:	2070 SOUTH MILITARY TRAIL SUITE 105	
City-St-Zip:	WEST PALM BEACH, FL 33415	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JOSE M MONTAS MGR 04/09/2009

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