

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025842

Entity Name: TRIO, LLC

FILED  
Apr 21, 2010  
Secretary of State

**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  
Name: MONTAS, JOSE M  
Address: 2070 SOUTH MILITARY TRAIL SUITE 105  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGRM  
Name: BRITO, ARGENTINA  
Address: 2070 SOUTH MILITARY TRAIL SUITE 105  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGRM  
Name: MONTAS-COLEMAN, KAREN M  
Address: 2070 SOUTH MILITARY TRAIL SUITE 105  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGRM  
Name: MONTAS-SAEZ, KAREN P  
Address: 2070 SOUTH MILITARY TRAIL SUITE 105  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGRM  
Name: MONTAS, KAREN L  
Address: 2070 SOUTH MILITARY TRAIL SUITE 105  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby 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

04/21/2010

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