

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90059 013 \*\*\*\*50.00

**DOCUMENT # L04000026108**

1. Entity Name

TRIAGE CONSIGNMENT L.L.C.



Principal Place of Business

6607 SEABIRD WAY  
APOLLO BEACH FL 33572

Mailing Address

6607 SEABIRD WAY  
APOLLO BEACH FL 33572

2. Principal Place of Business

4912 S. LOIS AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

Zip

Country

33611

County

Hillsborough

4. FEI Number

26-0082854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELL, DAVID A  
6607 SEABIRD WAY  
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BELL, DAVID A  
STREET ADDRESS 6607 SEABIRD WAY  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE MGRM ☐ Delete  
NAME BELL, LINDA L  
STREET ADDRESS 6607 SEABIRD WAY  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

1/21/05 (813) 805-0200