


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000028992 1. Entity Name CINTRE, LLC	
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Principal Place of Business 3603 JUAN ORTIZ CIRCLE FORT PIERCE, FL 34947	Mailing Address 3603 JUAN ORTIZ CIRCLE FORT PIERCE, FL 34947
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DO NOT WRITE IN THIS SPACE



01152007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1024749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TREFELNER, CYNTHIA H
3603 JUAN ORTIZ CIRCLE
FORT PIERCE, FL 34947**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TREFELNER, CYNTHIA H 3603 JUAN ORTIZ CIRCLE FT PIERCE, FL 34947
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01/19/07-80024-018 50.00

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 Cynthia H Trefelner **1/15/07** **772-971-1134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #