## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 06, 2006 8:00 am Secretary of State

DOCUMENT # L04000030923  1. Entity Name TRESCAS, LLC							03-06-2006	90204 020 1	30.	00	
Principal Place of Business 119 SINCLAIR STREET, SW PORT CHARLOTTE, FL 33952			Mailing Address 119 SINCLAIR STREET, SW PORT CHARLOTTE, FL 33952								
2. Principal Pl	ace of Busin	ness	3. Mailing Address		•						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				BB    B      BB    BB    BB	ire matha 11(1) a blig (a)	18 H988 III	KM1 IJI 18801		
<u> </u>					02202006	Chg-LLC	CR2E083 (				
City & State		City & State			4. FEI Numb			<u> </u>	plied For Applicable		
Zip	Zip Country		Zip Country		try	5. Certificate	5. Certificate of Status Desired   \$5.00 Additional Fee Required				
6. Name and Address of Current F						7. Name and	7. Name and Address of New Registered Agent				
CASANOV	'A. LUIS A				Name						
CASANOVA, LUIS A 119 SINCLAIR STREET, SW PORT CHARLOTTE. FL 33952			Street Address (		ess (P.O. Box Numb	per is Not Acceptabl	e) 				
					0"				Zia Cada		
					City			FL	Zip Code		
	named entiti ions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or reg	gistered agent, or bo	oth, in the State of Fl	orida. Tam famil	iar with, a	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title d applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE		<del></del>	
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Fi Di	ling Fee i ue by May	is \$50.00 y 1, 2006 MANAGING MEMBEF	RS/MANAGERS	10.			Florid			•	
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9. TITLE NAME	MGRM CASANO	MANAGING MEMBER		TITLI			Florid	A Department	of State		
9. TITLE	MGRM CASANO	y 1, 2006  MANAGING MEMBER		TITLI NAM STRE	BE		Florid	A Department	of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM CASANO 119 SINC PORT CH	MANAGING MEMBER  VA. LUIS A  LLAIR STREET, SW  HARLOTTE, FL 33952		TITLI	EET ADDRESS -SI-ZIP		Florid	a Department CHANGES	of State		
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