

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000030923

1. Entity Name
TRESCAS, LLC



Principal Place of Business
119 SINCLAIR STREET, SW
PORT CHARLOTTE, FL 33952

Mailing Address
119 SINCLAIR STREET, SW
PORT CHARLOTTE, FL 33952



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1094022	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASANOVA, LUIS A
119 SINCLAIR STREET, SW
PORT CHARLOTTE, FL 33952

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASANOVA, LUIS A 119 SINCLAIR STREET, SW PORT CHARLOTTE, FL 33952
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASANOVA, ENA C 119 SINCLAIR STREET, SW PORT CHARLOTTE, FL 33952
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05/15/07-80109-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Luis A. Casanova
LUIS A. CASANOVA

4-21-07

Date

Daytime Phone #

941
883-3313