

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L04000034601**

1. Entity Name  
**TREBOR DENVER, LLC**



Principal Place of Business

**NORTHBRIDGE CENTRE  
515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401**

Mailing Address

**NORTHBRIDGE CENTRE  
515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401**

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



04242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEWIS, HAROLD L  
ONE BISCAYNE TOWER, SUITE 2400  
2 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131**

**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  
**PSD  
CUILLO, ROBERT S  
515 N FLAGLER DR, STE 808  
WEST PALM BEACH, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
HOTARY, MICHAEL  
515 N FLAGLER DR, STE 808  
WEST PALM BEACH, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

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IN THIS SPACE**

000000744178  
05/15/07-80138-012 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:** \_\_\_\_\_

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

Date

Daytime Phone #

**4-25-07 (561) 478-7990**