

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000037184

1. Entity Name  
TRND INVESTMENTS, LLC



Principal Place of Business  
1900 S.E. 16TH STREET  
POMPANO BEACH, FL 33062

Mailing Address  
1900 S.E. 16TH STREET  
POMPANO BEACH, FL 33062



04272008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
80-0108381

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

FILINGS, INC.  
3732 NORTHWEST 16TH STREET  
FORT LAUDERDALE, FL 33311

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000336491  
05/27/08 80012-025 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DUSKIN, RICHARD & NICOLE, TEN-ENT
STREET ADDRESS	1900 S.E. 16TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	HASHAGEN, TIM & DARLA, TEN-ENT
STREET ADDRESS	1900 S.E. 16TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

4-25-08

954-868-0064