

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052934

Entity Name: TRACE HOLDINGS, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

18501 MURDOCK CIRCLE
MCKINLEY, GUNDERSON
PORT CHARLOTTE, FL 339481088

Current Mailing Address:

9 RIVERSIDE ROAD
WESTON, MA 02493

New Principal Place of Business:

18401 MURDOCK CIRCLE
MCKINLEY, GUNDERSON
PORT CHARLOTTE, FL 339481088

New Mailing Address:

9 RIVERSIDE ROAD
C/O BURKHARD CORP
WESTON, MA 02493

FEI Number: 20-1390638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNDERSON, MIKO P ESQ.
18501 MURDOCK CIRCLE
PORT CHARLOTTE, FL 339481088 US

Name and Address of New Registered Agent:

GUNDERSON, MIKO P ESQ.
18401 MURDOCK CIRCLE
SUITE C
PORT CHARLOTTE, FL 339481088 US

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.

SIGNATURE:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WISE, JOHN B
Address: 9 RIVERSIDE ROAD
City-St-Zip: WESTON, MA 02493

Title: MGR () Delete
Name: SCARBOROUGH, JEAN M
Address: 9 RIVERSIDE ROAD
City-St-Zip: WESTON, MA 02493

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEAN M SCARBOROUGH

MGR

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date