

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083429

FILED
Mar 23, 2009
Secretary of State

Entity Name: TRENTON COMMERCIAL PARK,LLC

Current Principal Place of Business:

1832 SE 3RD AVENUE
TRENTON, FL 32693

New Principal Place of Business:

851 NW 251 TERRACE
NEWBERRY, FL 326969

Current Mailing Address:

1832 SE 3RD AVENUE
TRENTON, FL 32693

New Mailing Address:

851 NW 251 TERRACE
NEWBERRY, FL 326969

FEI Number: 20-1946550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, SAMUEL S
849 NW STATE ROAD 45
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANDERS, SAMUEL S
Address: PO BOX 370
City-St-Zip: NEWBERRY, FL 32669

Title: MGRM () Delete
Name: BOHN, WARREN W
Address: 18417 NW 28TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: MGRM (X) Delete
Name: BOHN, CHRISTINE S
Address: 18417 NW 28TH PLACE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ROBERTSON, SARAH JANE
Address: 6051 NW 19 LANE
City-St-Zip: GAINESVILLE, FL 32669

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: S S SANDERS

PRES

03/23/2009

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