

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094082

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** TRUSTWORTH HOLDING LLC

**Current Principal Place of Business:**

5641 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5641 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 20-2065720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSHTAGH, KIANOUSH  
5641 WESTSHORE DR  
NEW PORT RICHEY, FL 34652 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:** PD  
**Name:** MOSHTAGH, NAVID J  
**Address:** 5641 WESTSHORE DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** VPD  
**Name:** MOSHTAGH, NASIM N  
**Address:** 5641 WESTSHORE DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** VPD  
**Name:** MOSHTAGH, NIAZ N  
**Address:** 5641 WESTSHORE DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** STD  
**Name:** MOSHTAGH, KIANOUSH  
**Address:** 5641 WESTSHORE DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** SVPD  
**Name:** MOSHTAGH, MEHRDAD  
**Address:** 5641 WESTSHORE DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

I hereby 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:** MEHRDAD MOSHTAGH

SVPD

02/14/2012

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