

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019523

Entity Name: TRR ACQUISITIONS, LLC

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

1501 S MANHATTAN AVE
TAMPA, FL 33629 US

New Principal Place of Business:

218 LAKE CHARLES COURT
ORLANDO, FL 34677 US

Current Mailing Address:

1501 S MANHATTAN AVE
TAMPA, FL 33629 US

New Mailing Address:

P.O. BOX 502
OLDSMAR, FL 34677 US

FEI Number: 20-2394302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HALVORSEN, RYAN J
1501 S MANHATTAN AVE
TAMPA, FL 33629 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: HALVORSEN, RYAN J
Address: 1501 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33629 US

Title: MGR () Delete
Name: GLEASON, TRAVIS J
Address: 140 E HUNTER'S LAKE DR
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GLEASON, TRAVIS J
Address: 218 LAKE CHARLES COURT
City-St-Zip: OLDSMAR, FL 34677 US

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: RYAN HALVORSEN

MGR

09/02/2008

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