

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L05000027394

1. Entity Name
TRI-VEST PROPERTY MANAGEMENT, LLC



Principal Place of Business
**1050 STARKEY ROAD, #107
LARGO, FL 33771**

Mailing Address
**1050 STARKEY ROAD, #107
LARGO, FL 33771**



01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VERONA LAW GROUP, P.A.
7235 FIRST AVE. SOUTH
ST. PETERSBURG, FL 33707**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
ROEMER, WILLIAM C
1050 STARKEY ROAD, #107
LARGO, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
KESSLER, DAVID M
1442 BRAMBLING COURT
BRADENTON, FL 34212**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
DESTRO, CHARLES D
420 CLUBHOUSE DRIVE
FAIRHOPE, AL 36532**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000652339
03/12/07-80014-015 50.00

**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: William Roemer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2.26.07

Date

727.224.9924

Daytime Phone #