## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028428

Entity Name: TRI COUNTY CUTTING, LLC

FILED Jan 18, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

**5425 NW 24 STREET** 5415 NW 24TH ST **UNIT 206** STE 103

MARGATE, FL 33063 MARGATE, FL 33063 US

**Current Mailing Address: New Mailing Address:** 

217 EAST SARGOTA BLVD 217 EAST SARGOTA BLVD ROYAL PALM, FL 33411 ROYAL PALM, FL 33411 US

FEI Number: 20-2548799 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALL FLORIDA FIRM INC 465 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763 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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

## MANAGING MEMBERS/MANAGERS:

MGRM () Delete

Title: (X) Change ( ) Addition ELIA, STEVE TOLENEL, RICHARD Name: Name: Address: 217 EAST SARATOGA BLVD Address: 5415 NW 24TH ST #103 City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: MARGATE, FL 33063 US

Title: ( ) Delete Title: MGR ( ) Change (X) Addition

Name: Name: ELIA, STEVE

Address: Address: 217 EAST SARATOGA BLVD City-St-Zip: City-St-Zip: ROYAL PALM BEACH, FL 33411 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: STEVE ELIA 01/18/2008