

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000028428

**FILED**  
**Apr 26, 2008**  
**Secretary of State****Entity Name:** TRI COUNTY CUTTING, LLC**Current Principal Place of Business:**5415 NW 24TH ST  
STE 103  
MARGATE, FL 33063 US**New Principal Place of Business:****Current Mailing Address:**217 EAST SARGOTA BLVD  
ROYAL PALM, FL 33411 US**New Mailing Address:****FEI Number:** 20-2548799**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ALL FLORIDA FIRM INC  
465 S VOLUSIA AVE  
SUITE C  
ORANGE CITY, FL 32763 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:** MGRM ( ) Delete  
**Name:** TOLENEL, RICHARD  
**Address:** 5415 NW 24TH ST #103  
**City-St-Zip:** MARGATE, FL 33063 US**Title:** MGR ( ) Delete  
**Name:** ELIA, STEVE  
**Address:** 217 EAST SARATOGA BLVD  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** BONILLA, JAVIER  
**Address:** 2480 NE 22 COURT #9  
**City-St-Zip:** POMPANO BEACH, FL 33062 US**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: STEVE ELIA

VP

04/26/2008

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