

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028768

FILED
Apr 27, 2009
Secretary of State

Entity Name: TREVI SALES & LEASING, LLC

Current Principal Place of Business:

100 N. JOHN YOUNG PARKWAY, STE. D
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

100 N. JOHN YOUNG PARKWAY, STE. D
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-3212610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR, ESQ
SHUFFIELDLOWMAN
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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: MM/M () Delete
Name: TATTOLI, MICHAEL T TRUSTEE
Address: 100 N JOHN YOUNG PKWY SUITE D
City-St-Zip: KISSIMMEE, FL 34741

Title: MEMB () Delete
Name: TATTOLI, DOMINICK J TRUSTEE
Address: 100 N JOHN YOUNG PKWY SUITE D
City-St-Zip: KISSIMMEE, FL 34741

Title: MEMB () Delete
Name: TATTOLI, JULIA TRUSTEE
Address: 100 N JOHN YOUNG PKWY SUITE D
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

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

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

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: MICHAEL TATTOLI

MM/M

04/27/2009

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