


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90043 028 ***138.75

DOCUMENT # L05000031185	
1. Entity Name TRW SALES, LLC	

Principal Place of Business 8464 ABINGTON CIRCLE, #1922 NAPLES, FL 34108	Mailing Address 46 WHIFFLE TREE LANE, SUITE NO. 2 NEW CANAAN, CT 06840
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 8464 Abington Circle # 1922
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State NAPLES, FL
Zip	Country USA
Country	Zip 34108



01092008 Chg-LLC CR2E083 (12/08)

4. FEI Number 20-2045551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WISE, THOMAS R II 8464 ABINGTON CIRCLE, #1922 NAPLES, FL 34108	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISE, THOMAS R II 8464 ABINGTON CIRCLE, #1922 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas R. Wise II 1/10/08 239-593-6507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #