

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039155

Entity Name: TRUST RELIABLE, LLC

FILED  
Sep 08, 2008  
Secretary of State

## Current Principal Place of Business:

522 HUNT CLUB BLVD  
129  
APOPKA, FL 32703

## New Principal Place of Business:

20829 SE HWY 42  
UMATILLA, FL 32784

## Current Mailing Address:

522 HUNT CLUB BLVD  
129  
APOPKA, FL 32703

## New Mailing Address:

20829 SE HWY 42  
UMATILLA, FL 32784

FEI Number: 42-1667650      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BUTLER, BONNIE  
522 HUNT CLUB BLVD #129  
APOPKA, FL 32703      US

## Name and Address of New Registered Agent:

BUTLER, BONNIE  
20829 SE HWY 42  
UMATILLA, FL 32784      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: \_\_\_\_\_

09/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: BUTLER, BONNIE  
Address: 522 HUNT CLUB BLVD, #129  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: BUTLER, BONNIE  
Address: 20829 SE HWY 42  
City-St-Zip: UMATILLA, FL 32784

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: BONNIE BUTLER

MGRM

09/08/2008

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