

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90001 004 ****55.00

DOCUMENT # L05000045302

1. Entity Name
TRI-MAMMA, LLC



Principal Place of Business
**2700 - 60TH AVENUE N.
ST. PETERSBURG, FL 33714 US**

Mailing Address
**2700 - 60TH AVENUE N.
ST. PETERSBURG, FL 33714 US**

2. Principal Place of Business
2700 60th AVE N
Suite, Apt. #, etc.

3. Mailing Address
2700 60th AVE N.
Suite, Apt. #, etc.



08152006 Chg-LLC CR2E083 (11/05)

City & State
St Petersburg, FL.
Zip **33714** Country **US**

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St Petersburg, FL.
Zip **33714** Country **US**

4. FEI Number
202802958

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWOPE, SCOTT P J.D.
2450 SUNSET POINT ROAD
CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent

Name **Donna Wilder**
Street Address (P.O. Box Number is Not Acceptable)
2700 60th AVE N.
City **St. Petersburg** **FL** Zip Code **33714**

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 **Donna Wilder**
Signature, typed or printed name of registered agent and title if applicable

Donna Wilder
(NOTE: Registered Agent signature required when reinstating)

8/14/06
DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILDER, DONNA 2700 - 60TH AVENUE N. ST. PETERSBURG, FL 33714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARR, PATRICIA 3700 - 10TH STREET N.E. ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYSONG, ANGELA 187 - 87TH AVENUE N. ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHIPPS, MARCY 228 SUNLIT COVE DRIVE N.E. ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Donna Wilder