2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045302

228 SUNLIT COVE DRIVE N.E.

ST. PETERSBURG, FL 33702 US

Address:

City-St-Zip:

Entity Name: TRI-MAMMA, LLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	TH AVENUE N. RSBURG, FL 33714 L	JS			
Current Mailing Address:			New Mailing A	New Mailing Address:	
	TH AVENUE N. RSBURG, FL 33714 L	JS			
In accordan	: 20-2802958 FEI Numb ce with s. 607.193(2)(b), F.S., I Address of Current Re	the limited liability compan	•		
	DONNA I AVE NORTH TERSBURG, FL 33714	US			
	named entity submits thi e of Florida.	s statement for the purp	ose of changing its reg	gistered office or registered agent, or both	
SIGNATU	RE:				
	Electronic Signatu	re of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGRM () Delete WILDER, DONNA 2700 - 60TH AVENUE N. ST. PETERSBURG, FL 337	14 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete PARR, PATRICIA 3700 - 10TH STREET N.E. ST. PETERSBURG, FL 337	04 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete WYSONG, ANGELA 187 - 87TH AVENUE N. ST. PETERSBURG, FL 337	02 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete		Title:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DONNA E. WILDER MGRM 05/01/2009