

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056219

Entity Name: VIA TRENDS, LLC

FILED
Apr 07, 2006
Secretary of State

Current Principal Place of Business:

7850 66TH WAY NORTH
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

12827 DARBY RIDGE DR.
TAMPA, FL 33624 US

Current Mailing Address:

7850 66TH WAY NORTH
PINELLAS PARK, FL 33781 US

New Mailing Address:

12827 DARBY RIDGE DR.
TAMPA, FL 33624 US

FEI Number: 20-2957338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRINH, SYDNEY N
7850 66TH WAY NORTH
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

TRINH, SYDNEY N
12827 DARBY RIDGE DR.
TAMPA, FL 33624 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: SYDNEY TRINH

04/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRINH, SYDNEY N
Address: 7850 66TH WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: MGRM () Delete
Name: NGUYEN, TOM V
Address: 14643 MIRABELLE VISTA CIRCLE
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRINH, SYDNEY N
Address: 12827 DARBY RIDGE DR.
City-St-Zip: TAMPA, FL 33624 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SYDNEY TRINH

MGRM

04/07/2006

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