

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000074650

**Entity Name:** TRI-STATE DEV'L LLC

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1822 COUNTRY CLUB DR  
LYNNHAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 758  
LYNNHAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 74-3202863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLUSKEY, SCOTT  
1822 COUNTRY CLUB DR.  
LYNNHAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCCLUSKEY, SCOTT  
Address: P.O. BOX 758  
City-St-Zip: LYNNHAVEN, FL 32444

I hereby 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: SCOTT MCCLUSKEY

MGR

03/30/2012

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