2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L05000077134

Entity Name: TRI-S DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

P.O. BOX 15817
TALLAHASSEE, FL 32317

New Principal Place of Business:

1535 KILLEARN CENTER BLVD.
SUITE C-1
TALLAHASSEE, FL 32309

Current Mailing Address:

P.O. BOX 15817
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 42-1697137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVER, KEVIN
1615 VILLAGE SQUARE BLVD #8
TALLAHASSEE, FL 32309 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:	MGRM	( ) Delete
Name:	PREMIER APPRAISAL CO, MPANY OF N. FL A ., INC.	
Address:	P.O. BOX 14736	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	MGRM	( ) Delete
Name:	SKIPPER, DAVID	
Address:	P.O. BOX 15817	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	MGRM	( ) Delete
Name:	SKIPPER, STEVE	
Address:	P.O. BOX 15817	
City-St-Zip:	TALLAHASSEE, FL 32317	

ADDITIONS/CHANGES:

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

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: STEVE SKIPPER MGRM 01/08/2009

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