

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90083 045 ****50.00

DOCUMENT # L05000084523

1. Entity Name
TRIDEV I, LLC



Principal Place of Business
195 S. WESTMONTE DR. SUITE 1122
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
195 S. WESTMONTE DR. SUITE 1122
ALTAMONTE SPRINGS, FL 32714 US

2. Principal Place of Business - No P.O. Box #
529 S. Pine Street

3. Mailing Address
314 E. Anderson ST

Suite, Apt. #, etc.

07162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3382726

Applied For
Not Applicable

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

City & State
DeBary FL

City & State
Orlando, FL

Zip
32713

Country
USA

Zip
32801

Country
USA

6. Name and Address of Current Registered Agent

STUCKER, ROBERT
195 S. WESTMONTE DR. SUITE 1122
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
529 S. Pine Street

City
DEBARY

FL

Zip Code
32713

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

(NOTE: Registered Agent signature required when reinstating)

8-21-07

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
STUCKER, ROBERT
195 S. WESTMONTE DR. SUITE 1122
ALTAMONTE SPRINGS, FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
STUCKER, ROBERT
529 S. Pine Street
DeBary, FL 32713

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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.

SIGNATURE:

8-21-07

Date

Daytime Phone #