2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# L05000092358

Entity Name: TRI-SOLACE, L.L.C.

Current Principal Place of Business:

C/O MONICA R. EDWARDS
1035 SOUTH FLORIDA AVE.
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

C/O MONICA R. EDWARDS
PO BOX 8979
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 20-3511013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, MONICA R
1035 SOUTH FLORIDA AVE
208
LAKELAND, FL 33803 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: EDWARDS, MONICA
Address: PO BOX 8979
City-St-Zip: LAKELAND, FL 33806

Title: MGRM ( ) Delete
Name: SNYDER, MICHELLE
Address: 1035 SOUTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

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: MONICA R EDWARDS MGRM 04/10/2009

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