

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90139 007 \*\*\*138.75

DOCUMENT # L05000117332

1. Entity Name  
TRIVETRO, LLC



Principal Place of Business  
5020 KILKENNEY WAY  
OLDSMAR, FL 34677

Mailing Address  
5020 KILKENNEY WAY  
OLDSMAR, FL 34677

**50006094**



04012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3924806

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RIVERA, ANGELO  
5010 KILKENNEY WAY  
OLDSMAR, FL 34677

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	<del>XXXXXXXXXX</del> John Faour
STREET ADDRESS	<del>XXXXXXXXXX</del> 9824 Emerald Links
CITY-ST-ZIP	<del>XXXXXXXXXX</del> Tampa, FL 33626
TITLE	VS
NAME	RIVERA, ANGELO
STREET ADDRESS	5020 KILKENNEY WAY
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/08

Date

813884  
3292

Daytime Phone #