

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117332

Entity Name: TRIVETRO, LLC

FILED  
Feb 17, 2009  
Secretary of State

**Current Principal Place of Business:**

5020 KILKENNEY WAY  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

5020 KILKENNEY WAY  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 20-3924806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERA, ANGELO  
5010 KILKENNEY WAY  
OLDSMAR, FL 34677 US

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

RIVERA, ANGELO  
5020 KILKENNEY WAY  
OLDSMAR, FL 34677 US

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:

02/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: FAOUR, JOHN  
Address: 9824 EMERALD LINKS  
City-St-Zip: TAMPA, FL 33626

Title: VS ( ) Delete  
Name: RIVERA, ANGELO  
Address: 5020 KILKENNEY WAY  
City-St-Zip: OLDSMAR, FL 34677

**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: ANGELO RIVERA

MR

02/17/2009

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