


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90088 036 ***138.75

DOCUMENT # L06000010913 1. Entity Name TRIVESTA, LLC					
Principal Place of Business 1507 S. ALEXANDER ST SUITE 103 PLANT CITY, FL 33563 US			Mailing Address PO BOX 3566 PLANT CITY, FL 33563 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5999212	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCRATH, GAIL C 1507 S. ALEXANDER ST SUITE 103 PLANT CITY, FL 33563			7. Name and Address of New Registered Agent Name Gail Calhoun Street Address (P.O. Box Number is Not Acceptable) 1507 S. Alexander St., Ste 103 City Plant City FL Zip Code 33563		
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 <u><i>Gail Calhoun</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCRATH, GAIL C 1507 S. ALEXANDER ST SUITE 103 PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, AARON M 1507 S. ALEXANDER ST SUITE 103 PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, NATHAN D 1507 S. ALEXANDER ST SUITE 103 PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Calhoun, Gail Same address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Gail Calhoun</i></u>			3/13/08 813-747-1132		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		