

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013664

FILED
Apr 15, 2009
Secretary of State

Entity Name: TRIWHEEL ENTERPRISES, LLC

Current Principal Place of Business:

4827 FALLCREST CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4827 FALLCREST CIRCLE
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-4276085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER K. CASWELL, P.A.
240 S. PINEAPPLE AVE.
SUITE 802
SARASOTA, FL 34236 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: OLSON, RONALD
Address: 4827 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: PEARSON, MICHAEL
Address: 7303 50TH TERRACE EAST
City-St-Zip: BRADENTON, FL 34203

Title: MGRM () Delete
Name: KNIGHT, WAYNE
Address: 4829 POST POINTE DRIVE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RONALD OLSON

MGRM

04/15/2009

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