

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jul 11, 2007 8:00 am  
Secretary of State**

07-11-2007 90013 046 \*\*\*150.00

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1. Entity Name  
TINTRI LLC

Principal Place of Business  
2911 BRIDGE POINT AVE.  
MIAMI, FL 33133

Mailing Address  
2911 BRIDGE POINT AVE.  
MIAMI, FL 33133

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 · 4371131

Chg-LLC

CR2E083 (12/06)

5. Certificate of Status Desired       \$5.00 Additional Fee Required

Applied For  
Not Applicable

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

TEJEDA, TRINA  
2911 BRIDGE POINT AVE.  
MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Pres  
TRINA Tejeda  
4341 Mayfair DR.

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MIA · FI 33133

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     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:** *Trina Tejeda*

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

*7/2/07*

Daytime Phone #