

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031222

Entity Name: TRSM, LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

2049 WAY STREET  
DELTONA, FL 32738

**New Principal Place of Business:**

2049 WAYNE STREET  
DELTONA, FL 32738

**Current Mailing Address:**

2049 WAY STREET  
DELTONA, FL 32738

**New Mailing Address:**

2049 WAYNE STREET  
DELTONA, FL 32738

FEI Number: 20-4604280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUELLER, TOM  
2049 WAY STREET  
DELTONA, FL 32738 US

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

MUELLER, TOM  
2049 WAYNE STREET  
DELTONA, FL 32738 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:

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MUELLER, TOM TRUSTEE  
Address: 2049 WAY STREET  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MUELLER, TOM TRUSTEE  
Address: 2049 WAYNE STREET  
City-St-Zip: DELTONA, FL 32738

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: THOMAS R MUELLER

MGR

04/14/2009

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