

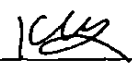
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 03, 2007 8:00 am
Secretary of State

04-18-2007 90034 040 ****50.00

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DOCUMENT # L06000033725					
1. Entity Name TRAN, LLC					
Principal Place of Business 7859 AMBER COURT SEMINOLE, FL 33772			Mailing Address 7859 AMBER COURT SEMINOLE, FL 33772		
2. Principal Place of Business - No P.O. Box # 12310 Indian Rocks Rd.			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State LARGO, FL			City & State		
Zip 33774		Country PINELLAS		Zip	
Country		4. FEI Number 20-4638965			
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAN, KHOA D 7859 AMBER COURT SEMINOLE, FL 33772			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable			DATE _____ (NOTE: Registered Agent signature required when re-registering)		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TRAN, KHOA D 7859 AMBER COURT SEMINOLE, FL 33772	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AI LY, DUNG 7859 AMBER COURT SEMINOLE, FL 33772	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TRAN, THUAN 608 6TH AVENUE, SE LARGO, FL 33771	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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: 			4/10/07 727-517-7818		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					