

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040384

FILED
Apr 10, 2009
Secretary of State

Entity Name: TRI-FORBES ENTERPRISES, LLC

Current Principal Place of Business:

12220 HULL ROAD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1847
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 90-0324454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE, SUITE 600
ORLANDO, FL 32801 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: BROWNE, TRISHA
Address: P.O. BOX 330
City-St-Zip: MINNEOLA, FL 34755

Title: MGR () Delete
Name: FORBES, CATHERINE
Address: 1358 LENGENDARY BLVD
City-St-Zip: CLERMONT, FL 34711

Title: MGR () Delete
Name: PECHOUS, LYNN
Address: 5814 LAKE EMMA COURT
City-St-Zip: GROVELAND, FL 34736

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: TRISHA BROWNE

MGRM

04/10/2009

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