

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053494

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: TRIOS LLC

## Current Principal Place of Business:

440 TRINIDAD DRIVE  
SATELLITE BEACH, FL 32937

## New Principal Place of Business:

440 TRINIDAD DRIVE  
SATELLITE BEACH, FL 32937 US

## Current Mailing Address:

440 TRINIDAD DRIVE  
SATELLITE BEACH, FL 32937

## New Mailing Address:

440 TRINIDAD DRIVE  
SATELLITE BEACH, FL 32937 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: MGR ( ) Delete  
Name: KERR, WILLIAM W  
Address: 440 TRINIDAD DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGR (X) Delete  
Name: CLAYTON, KYLE  
Address: 501 SE SECOND STREET APT# 1537  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGR (X) Delete  
Name: NEELY, CHRIS  
Address: 440 TRINIDAD DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

## ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition  
Name: ENTERPRISES LLC, NKC  
Address: 440 TRINIDAD DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

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: KYLE CLAYTON

MGRM

04/04/2008

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