

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070974

Entity Name: TRIUMVIRAT L.L.C.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1209 SOUTH RIVERSIDE DRIVE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

1209 SOUTH RIVERSIDE DRIVE
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 56-2601004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYERHOEFFER, ALAIN
1209 SOUTH RIVERSIDE DRIVE
INDIALANTIC, FL FL 32903 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: INTERNAT. CONSULT. SERVICES OF BREVARD LLC
Address: 1209 SOUTH RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: MGRM () Delete
Name: HART TO HART REAL ESTATE, INC.
Address: 7655 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGRM () Delete
Name: SALGAR CONSTRUCTION, INC.
Address: 8265 N. WHICKAM ROAD, # A
City-St-Zip: MELBOURNE, FL 32940 US

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: ALAIN MAYERHOEFFER

MGM

04/30/2009

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