

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90150 037 \*\*\*\*50.00

**DOCUMENT # L06000072326**

1. Entity Name  
**TRI-CORE CONSTRUCTION, LLC**



Principal Place of Business  
**3241 OLEANDER AVE  
FT PIERCE, FL 34982**

Mailing Address  
**3241 OLEANDER AVE  
FT PIERCE, FL 34982**

**60004588**



2. Principal Place of Business - No P.O. Box # **3306 Enterprise Rd.** 3. Mailing Address **3306 Enterprise Rd.**

Suite, Apt. #, etc.  
**Suite #201**

Suite, Apt. #, etc.  
**Suite #201**

01082007 Chg-LLC CR2E083 (12/06)

City & State  
**Fort Pierce, FL**

City & State  
**Fort Pierce, FL**

4. FEI Number  
**20-4607802**

Applied For  
Not Applicable

Zip  
**34982** Country  
**USA**

Zip  
**34982** Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**BRISSON, TERENCE J  
1705 PORPOISE AVE  
FT PIERCE, FL 34949**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BRISSON, TERENCE J  
1705 PORPOISE AVE  
FT PIERCE, FL 34949** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
Darrin Kelly  
3149 SW Drexel St.  
Port St Lucie, FL 34953** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
Robert Lebond  
1547 SW Nervia Ave  
Port St Lucie, FL 34953** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/19/2007**