2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000073727

1. Entity Name
TRI-COUNTY HARD CHROME LLC

Principal Place of Business	Mailing Address
109 MANGO TREE EDGEWATER, FL 32132 US	5837 RIVERSIDE DR PORT ORANGE, FL 32127-6431 US

01082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5271263
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JARVIS, ELOISE J
5837 RIVERSIDE DR
PORT ORANGE, FL 32127-6431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000936248
05/27/08-80002-025 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	JARVIS, ELOISE J
STREET ADDRESS	5837 RIVERSIDE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 321276431
TITLE	MGRM
NAME	POST, DALLAS
STREET ADDRESS	P O BOX 157
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Eloise J. Jarvis Eloise J. Jarvis 4-25-08 3865667782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #