

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000077160

Entity Name: TRIKE TRADERS, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

670 S. LAKESHORE WAY  
LAKE ALFORD, FL 33850

**New Principal Place of Business:**

670 S. LAKESHORE WAY  
LAKE ALFRED, FL 33850

**Current Mailing Address:**

670 S. LAKESHORE WAY  
LAKE ALFORD, FL 33850

**New Mailing Address:**

670 S. LAKESHORE WAY  
LAKE ALFRED, FL 33850

FEI Number: 20-5327150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CADY, DOUGLAS H  
5345 HARMONY PLACE  
KISSIMMEE, FL 34758 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  
Name: CADY, DOUGLAS H  
Address: 5345 HARMONY PLACE  
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM  
Name: CADY, SHAUN M  
Address: 5211 JASMINE TRACE LN  
City-St-Zip: KISSIMMEE, FL 34758

I hereby 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: SHAUN M CADY

MGRM

01/05/2010

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