

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089598

FILED
Mar 12, 2011
Secretary of State

Entity Name: TRIPODI MANAGEMENT, LLC

Current Principal Place of Business:

30-69 HOBART STREET
20
WOODSIDE, NY 11377 US

New Principal Place of Business:

3069 HOBART STREET
20
WOODSIDE, NY 11377 US

Current Mailing Address:

30-69 HOBART STREET
20
WOODSIDE, NY 11377 US

New Mailing Address:

3069 HOBART STREET
20
WOODSIDE, NY 11377 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TRIPODI, MARIA C
4919 SW 41ST PLACE
OCALA, FL 34474 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: TRIPODI, MARIA C
Address: 4919 41ST PLACE
City-St-Zip: OCALA, FL 34474 US

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: MARIA C TRIPODI MGRM 03/12/2011

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