


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000091926</b> 1. Entity Name <b>TREJO BROTHERS LLC</b>	
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**FILED**  
**Sep 02, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>660 A ROAD</b> <b>LABELLE, FL 33935 US</b>	Mailing Address <b>660 A ROAD</b> <b>LABELLE, FL 33935 US</b>
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07292008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>83-0465266</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

<b>TREJO, RICHARD</b> <b>660 A ROAD</b> <b>LABELLE, FL 33935</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000958670  
 09/02/08-80002-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TREJO, RICHARD
STREET ADDRESS	660 A ROAD
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	MGR
NAME	TREJO, KENNY
STREET ADDRESS	660 A ROAD
CITY-ST-ZIP	LABELLE, FL 33935
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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IN THIS SPACE

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:** Richard Trejo      7/29/08      (865)673-6275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #