

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000096122

1. Entity Name
TRI-STATE LLC



Principal Place of Business
12408 S E 176 LOOP
SUMMERFIELD, FL 34491

Mailing Address
12408 S E 176 LOOP
SUMMERFIELD, FL 34491

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5576928

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRABOWSKI, RICHARD
12408 S E 176 LOOP
SUMMERFIELD, FL 34491

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IN THIS SPACE**

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 _____

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.

000000953589
07/07/08-80004-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRABOWSKI, RICHARD
12408 S E 176 LOOP
SUMMERFIELD, FL 34491

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRABOWSKI, LORRAINE
12408 S E 176 LOOP
SUMMERFIELD, FL 34491

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAIRD, DEBBIE
2242 JEFFERSON AVENUE
GASTONIA, NC 28056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VENTELL, KEN
6205 EASTSHORE
COLUMBIA, SC 29206

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: *Richard Grabowski*

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

7/3/08 *352-245-9663*

Date

Daytime Phone #