

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-19-2007 90193 037 ****50.00

DOCUMENT # L06000100506

1. Entity Name
TRI COUNTY, LLC



Principal Place of Business
**6996 PLAZZA GRANDE AVENUE, SUITE 311
ORLANDO, FL 32835**

Mailing Address
**6996 PLAZZA GRANDE AVENUE, SUITE 311
ORLANDO, FL 32835**

30002133



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-5721622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, GRANT
6996 PLAZZA GRANDE AVENUE, SUITE 311
ORLANDO, FL 32835**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 s/s if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change	☐ Addition
MGRM	HILL, GRANT	6996 PLAZZA GRANDE AVENUE, SUITE 311	ORLANDO, FL 32835	☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition

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:

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

2/15/07

Daytime Phone #