

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114819

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: TRIO DESIGN CONSULTANTS, LLC

**Current Principal Place of Business:**

17100 COLLINS AVE  
SUITE 220  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17100 COLLINS AVE  
SUITE 220  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 20-5960409      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STROH, MIKE  
17100 COLLINS AVE  
SUITE 220  
SUNNY ISLES BEACH, FL 33160 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 ( ) Delete  
Name: STROH, MIKE  
Address: 17100 COLLINS AVE SUITE 220  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM ( ) Delete  
Name: TORO, ANDRES  
Address: 17100 COLLINS AVE SUITE 220  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM ( ) Delete  
Name: BUCKALEW, CHARLES  
Address: 17100 COLLINS AVE SUITE 220  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MIKE STROH

MGRM

03/20/2009

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