

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000639

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: SHRED TRUST LLC

**Current Principal Place of Business:**

3250 NW 23RD AVE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

17847 MONTE VISTA DR.  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 74-3201383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLOOM, ANDREW  
17847 MONTE VISTA DR.  
BOCA RATON, FL 33496 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: P ( ) Delete  
Name: BLOOM, ANDREW  
Address: 17847 MONTE VISTA DR.  
City-St-Zip: BOCA RATON, FL 33496

Title: S ( ) Delete  
Name: BLOOM, INA  
Address: 17847 MONTE VISTA DR.  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

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: ANDREW BLOOM

MR.

01/05/2009

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