

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000014097

Entity Name: TRUSTED ALLIANCE LLC

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2525 PONCE DE LEON BOULEVARD  
FIFTH FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2525 PONCE DE LEON BOULEVARD  
FIFTH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-8395595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GERMAN, RAMIREZ  
2525 PONCE DE LEON BOULEVARD  
FIFTH FLOOR  
CORAL GABLES, FL 33134 US

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

RAMIREZ, GERMAN M  
2525 PONCE DE LEON BOULEVARD  
FIFTH FLOOR  
CORAL GABLES, FL 33134 US

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: GERMAN M RAMIREZ

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: ORTIZ, DAVID  
Address: 2525 PONCE DE LEON BOULEVARD, 5TH FL  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: RAMIREZ, GERMAN M  
Address: 2525 PONCE DE LEON BOULEVARD, 5TH FL  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: DAVID ORTIZ

MGMR

03/30/2010

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