2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Jan 15, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L07000036162 1. Entity Name TROMPIZ & ASSOCIATES - LLC					01-15-2008 90017 008 ***143.75			
		Mailing Address 4124 TOWN CENTER BI ORLANDO, FL 32837	LVD #J2					
1	Place of Business - No P.O. Box #	3. Mailing Address						
1.3538 Suite, Apt.	<u>Village Park Dr.</u> .#,etc.	5520 Los P Suite, Apt. #, etc.	Palma Vi					
		n/a		01032008	Chg-LLC	CR2E083 (12/06)		
Suite 225 City & State Orlando, Fl 32837		City & State		4. FEI Num	ber		pplied For	
Zip	ndo, F1 32837	Orlando,	Florida Country	26-0	213275		ot Applicable	
328	1 2	32837	USA	5. Certifica	te of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current			7. Name ar	d Address of New Re	gistered Agent		
5520 LOS	S, FRANCY PALMA VISTA DR D, FL 32837		Name Street A	n/a ddress (P.O. Box Num	ber is Not Acceptable)			
			City			FL Zip Cod	de	
8. The above	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office of	r registered agent, or b	oth, in the State of Flori	da. I am familiar with,	, and accept	
_	/2 - /	1						
SIGNATURE		and trise applicable. (NOTE	Registered Agent signat	ure required when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			<u>-</u>			-		
		5				check payable to Department of Stat	te	
			10.			Department of Stat	te	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CHIRINOS, FRANCY 5520 LOS PALMA VISTA DR		TITLE NAME STREET ADDRESS	MGR SHANNON,	ADDITIONS/C	Department of Stat	★ Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR CHIRINOS, FRANCY	ERS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHANNON, 5520 Los	ADDITIONS/C WILLIAM Palma Vis	Department of State HANGES Change ta Dr.	★ Addition	
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