

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075306

Entity Name: TRIAD MARKETING LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

7657 LONDON LANE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7657 LONDON LANE  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 26-0970610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIEDLER, MARK  
7657 LONDON LANE  
BOCA RATON, FL 33433 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: SIEDLER, MARK  
Address: 7657 LONDON LANE  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM ( ) Delete  
Name: KINBERG, DAVID  
Address: 22158 BELLA LAGO DRIVE, UNIT 2101  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM ( ) Delete  
Name: THE BERMAN FAMILY TR, UST  
Address: 7770 LAGO DEL MAR DRIVE, #804  
City-St-Zip: BOCA RATON, FL 33433

**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: MARK SIEDLER

MGRM

04/29/2008

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