


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-12-2008 90005 029 ***538.75

30011063

DOCUMENT # L07000077862 1. Entity Name TRYGGVI INGOLFSSON LLC						
Principal Place of Business 4225 MELANIE LANE MOUNT DORA, FL 32757			Mailing Address 4225 MELANIE LANE MOUNT DORA, FL 32757			
2. Principal Place of Business - No P.O. Box # 4345 Abaco Dr.		3. Mailing Address 4345 Abaco Dr.				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State Tavares, FL		City & State Tavares, FL		4. FEI Number 26-0649125		
Zip 32778		Country USA		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
FILE NOW!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INGOLFSSON, TRYGGVI 4225 MELANIE LANE MOUNT DORA, FL 32757		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INGOLFSSON, TRYGGVI 4345 Abaco Dr. Tavares, FL 32778	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Pics. Tryggvi</u> <u>09/08/08</u> <u>352-815-0500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>						

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/12/2008-90005-029-\$538.75-\$538.75

DOCUMENT # L07000077862

1. Entity Name
TRYGGVI INGOLFSSON LLC



ATTACHMENT

30011063

Principal Place of Business
4225 MELANIE LANE
MOUNT DORA, FL 32757

Mailing Address
4225 MELANIE LANE
MOUNT DORA, FL 32757

2. Principal Place of Business - No P.O. Box #
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082008 Chg-LLC CR2E083 (12/06)

City & State
Tavares, FL

City & State
Tavares, FL

4. FEI Number
26-0649125

Applied For
Not Applicable

Zip
32778

Country
USA

Zip
32778

Country
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME INGOLFSSON, TRYGGVI ☐ Delete
STREET ADDRESS 4225 MELANIE LANE
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME INGOLFSSON, TRYGGVI
STREET ADDRESS 4345 Abaco Dr.
CITY-ST-ZIP Tavares, FL 32778

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

Pres. Tryggvi

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

08/02/08

Date

352-815-0500

Daytime Phone #

ATTACHMENT

To : Florida Department of state Division of corporations

From : Tryggvi Ingolfsson LLC

Written by : Tryggvi Ingolfsson

30011063

Subject : Tryggvi Ingolfsson LLC

Reference number : L07000077862

As per. Request in attached letter from you, I have added in my FEI
on those respectable papers attached as well.

The FEI number of Tryggvi Ingolfsson LLC is 26-0649125

Thank you

Tryggvi Ingolfsson

Owner

And managing director

