

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094797

FILED  
Sep 18, 2009  
Secretary of State

Entity Name: TRIGAL BAKERY LLC

**Current Principal Place of Business:**

533 CASCADE CIRCLE  
APT 103  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

533 CASCADE CIRCLE  
APT 103  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 26-1086939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AMERICAN TAX & PAYROLL SERVICES LLC  
1033 SR 436  
SUITE 245  
CASSELBERRY, FL 32707 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HERNANDEZ, HERMAN  
Address: BO GALATEDO BAJO RM 108.6 AVE  
City-St-Zip: MILITAR ISABEL, PR 00662

Title: MGR ( ) Delete  
Name: HERNANDEZ, HERMAN H  
Address: 533 CASCADE CIRCLE APT 103  
City-St-Zip: CASSELBERRY, FL 32707

**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: HERMAN HERNANDEZ

MGR

09/18/2009

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