

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097024

Entity Name: TRAIL IMPORTS I, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

6239 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

3772 WEST COLONIAL DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 45-0576876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE
SUITE 1000 (JGH)
ORLANDO, FL 328015403 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: MGRP () Delete
Name: DONALD, MEALEY C
Address: 3772 WEST COLONIAL DR
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: MEALEY, JAY D
Address: 3772 WEST COLONIAL DR
City-St-Zip: ORLANDO, FL 32808

Title: ST () Delete
Name: LUMPKIN, JOHN
Address: 3772 WEST COLONIAL DR
City-St-Zip: ORLANDO, FL 32808

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: DONALD C MEALEY

MGRP

04/13/2009

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