## 2008 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

SIGNATURE:

## Apr 07, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L07000100510** 04-07-2008 90234 008 \*\*\*138.75 TRIDENT GLOBAL MARKETING OF FLORIDA, LLC Principal Place of Business Mailing Address 60020522 27916 WHALES ST., #307 27916 WHALES ST., #307 WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E083 (12/06) Chg-LLC 4. FEI Number 30-045257 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOWNEY, JAMES A 27916 WHALES ST., #307 Street Address (P.O. Box Number is Not Acceptable) WESLEY CHAPEL, FL 33544 City 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 arm 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 reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Delete TITLE ☐ Chanoe ■ Addition NAME DOWNEY, JAMES A NAME 27916 WHALES ST., #307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE · · [ ] Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

ER, MANAGER OR AUTHORIZED REPRESENTATIVE

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 empoyeered to execute this report as required by Chapter 608, Florida Statutes.