

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000103846

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** TRUST REPS, L.C.

**Current Principal Place of Business:**

1612 SYDNEY DOVER RD.  
SYDNEY, FL 33587

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1508  
SEFFNER, FL 335831508

**New Mailing Address:**

**FEI Number:** 26-1412806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

L.T.S.C., LLC  
28 WEST PARK AVE.  
LAKE WALES, FL 33859 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  
**Name:** B9 MISSION TRUST  
**Address:** POB 1508  
**City-St-Zip:** SEFFNER, FL 33583 US

**Title:** MGRM  
**Name:** CMC FAMILY TRUST  
**Address:** POB 1508  
**City-St-Zip:** SEFFNER, FL 33583 US

I hereby 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:** R.D. MCWHIRTER, A.F.T., A.R.R.

MGR

03/14/2011

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