

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90137 007 ***138.75

DOCUMENT # L07000105295

1. Entity Name

TRUSTED STEWARD ENTERPRISE, LLC



Principal Place of Business

22918 COLLRIDGE DRIVE
LAND O LAKES FL 34639

Mailing Address

22918 COLLRIDGE DRIVE
LAND O LAKES FL 34639

2. Principal Place of Business - No P.O. Box #

22918 COLLRIDGE DRIVE

3. Mailing Address

P.O. BOX 2415

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

LAND O' LAKES

City & State

LAND O' LAKES, FL

4. FEI Number

41-2238252

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

34639

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERT, JESSICA
22918 COLLRIDGE DRIVE
LAND O LAKES FL 34639

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's signature required when reappointing)

DATE

Jessica Bert

2-5-2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME BERT, WILLIE
STREET ADDRESS 22918 COLLRIDGE DRIVE
CITY- ST- ZIP LAND O LAKES FL 34639

TITLE MGR ☐ Delete
NAME BERT, JESSICA
STREET ADDRESS 22918 COLLRIDGE DRIVE
CITY- ST- ZIP LAND O LAKES FL 34639

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Jessica Bert, JESSICA BERT

2-5-2008 813-235-9734

Date

Daytime Phone #