

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120019

FILED
Apr 23, 2008
Secretary of State

Entity Name: TRIDENT FINANCIAL SOLUTIONS, L.L.C.

Current Principal Place of Business:

601 N FERNCREEK AVENUE
STE 110
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

601 N FERNCREEK AVENUE
STE 110
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 26-1758598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH MACKINNON, P.A.
222 SOUTH ORANGE AVENUE
STE 800, CITRUS CENTER
ORLANDO, FL 32801 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 () Delete
Name: SIMASEK, REGIS M
Address: 601 N FERNCREEK AVE STE 110
City-St-Zip: ORLANDO, FL 32803 US

Title: MGR () Delete
Name: MEERA CONSULTING AND, INVESTMENT IN C
Address: 4531 VILLAGE WOOD DR
City-St-Zip: ORLANDO, FL 32835 US

Title: MGR () Delete
Name: CHANDRAN, SANKARAN
Address: 130, MAHATMA GANDHI RD
City-St-Zip: TAMIL NADU, CH 600 034 IN

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: REGIS M SIMASEK

MGRM

04/23/2008

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