

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005418

Entity Name: TREX1 LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

360 WILSHIRE BLVD  
108  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

360 WILSHIRE BLVD  
108  
CASSELBERRY, FL 32707

## New Mailing Address:

FEI Number: 26-1757379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FESHEV, GEORGI  
360 WILSHIRE BLVD  
108  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

FESHEV, GEORGI S  
206 EGRET CT.  
ALTAMONTE SPIRNGS, FL 32701 US

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: GEORGI S.FESHEV

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FESHEV, GEORGI  
Address: 360 WILSHIRE BLVD 108  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete  
Name: MARINOV, VENELIN  
Address: 360 WILSHIRE BLVD 108  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FESHEV, GEORGI S  
Address: 206 EGRET CT.  
City-St-Zip: ALTAMONTE SPIRNGS, FL 32701

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: GEORGI S.FESHEV

MNGR

04/29/2009

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