

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008014

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** TRAD, LLC

**Current Principal Place of Business:**

117 N. SEMINOLE AVENUE  
INVERNESS, FL 344504124

**New Principal Place of Business:**

316 N. PINE AVE  
INVERNESS, FL 344504124

**Current Mailing Address:**

PO BOX 583  
INVERNESS, FL 34451

**New Mailing Address:**

FEI Number: 26-3828550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRADSHAW, R. WESLEY ESQ.  
209 COURTHOUSE SQUARE  
INVERNESS, FL 34450 US

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

BRADSHAW, WESLEY R ESQ.  
209 COURTHOUSE SQUARE  
INVERNESS, FL 34450 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: WESLEY R. BRADSHAW ESQ

01/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VAN ALLEN, F. BRUCE  
Address: PO BOX 583  
City-St-Zip: INVERNESS, FL 344510583

Title: MGR ( ) Delete  
Name: VAN ALLEN, LINDA C  
Address: PO BOX 583  
City-St-Zip: INVERNESS, FL 344510583

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VAN ALLEN, BRUCE F  
Address: PO BOX 583  
City-St-Zip: INVERNESS, FL 344510583

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: BRUCE F. VANALLEN

MGR

01/19/2009

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