

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044022

FILED
Jul 25, 2009
Secretary of State

Entity Name: TRIMAS INVESTMENTS, LLC.

Current Principal Place of Business:

1289 NW 159TH AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1289 NW 159TH AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-3054063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DHAM, ASHISH
1289 NW 159TH AVENUE
PEMBROKE PINES, FL 33028 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DHAM, ASHISH
Address: 1289 NW 159TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: NAGPAL, MANISH
Address: 18138 SW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: DEO, SANJAY
Address: 4613 N. UNIVERSITY DRIVE #267
City-St-Zip: CORAL GABLES, FL 33067

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: ASHISH DHAM

MR.

07/25/2009

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