

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045497

FILED
Aug 31, 2009
Secretary of State

Entity Name: TRIDENT INDUSTRIES, LLC

Current Principal Place of Business:

4041 LEESWAY BLVD.
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

4041 LEESWAY CIRCLE
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 26-2553723 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:

SCHWAB, JOHN W JR.
4041 LEESWAY CIRCLE
PENSACOLA, FL 32504 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: BIVENS, JAMES E
Address: 17322 PIKES PEEK CT.
City-St-Zip: TOMBALL, TX 77377 US

Title: MGRM () Delete
Name: SCHWAB, JOHN W JR.
Address: 4041 LEESWAY CIRCLE
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM (X) Delete
Name: GALLOWAY, H D
Address: 109 SHIRMAC DR.
City-St-Zip: SLIDELL, LA 70461 US

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: JOHN W. SCHWAB II

MR

08/31/2009

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