

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076008

FILED
Apr 21, 2009
Secretary of State

Entity Name: TRC FINANCIAL CONSULTING, LLC

Current Principal Place of Business:

5520 TAMBERLANE CIRCLE
BLDG. 7, SUITE 107
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

7805 SUTHARD DRIVE
DERWOOD, MD 20855 US

New Mailing Address:

5520 TAMBERLANE CIRCLE
BLDG. 7, SUITE 107
PALM BEACH GARDENS, FL 33418 US

FEI Number: 26-3170602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBRIZIO, RICKIE
5520 TAMBERLANE CIRCLE
BLDG 7, SUITE 107
PALM BEACH GARDENS, FL 33418 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: CHRIST, THEODORE R JR.
Address: 8538 N. HEARTLAND WAY
City-St-Zip: FRESNO, CA 93720 US

Title: MGRM () Delete
Name: CHRIST, THEODORE R SR
Address: 7805 SUTHARD DRIVE
City-St-Zip: DERWOOD, MD 20855 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CHRIST, THEODORE R SR
Address: 5520 TAMBERLANE CIRCLE BLDG 7, SUITE107
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: THEODORE R CHRIST SR

MGRM

04/21/2009

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