

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115786

**FILED**  
**Feb 11, 2009**  
**Secretary of State**

**Entity Name:** TRANZMISSION WORKS, LLC.

**Current Principal Place of Business:**

170 98TH AVE N  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

6001 JOHNS RD.  
SUITE 609  
TAMPA, FL 33634

**Current Mailing Address:**

170 98TH AVE N  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 26-3924864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO, ENRIQUE  
170 98TH AVE N  
ST. PETERSBURG, FL 33702 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: CASTILLO, ENRIQUE  
Address: 170 98TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: MGRM ( ) Delete  
Name: CASTILLO, CORDOVES III  
Address: 170 98TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33702

**ADDITIONS/CHANGES:**

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:** ENRIQUE CASTILLO

MGRM

02/11/2009

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