

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052632

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** TRIPGIFTER, LLC

**Current Principal Place of Business:**

649 N. MILLS AVE.  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

649 N. MILLS AVE.  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

STULL, SHANNON M  
911 N.ORANGE AVE.  
342  
ORLANDO, FL 32801 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: MGR  
Name: STULL, SHANNON M  
Address: 911 N.ORANGE AVE, #342  
City-St-Zip: ORLANDO, FL 32801

Title: MGR  
Name: CARRUS, JEREMY A  
Address: 4012 MAGUIRE BLVD #4111  
City-St-Zip: ORLANDO, FL 32803

Title: MGR  
Name: COLON, JORGE JR.  
Address: 3531 MONT MARTRE DR. #2141  
City-St-Zip: ORLANDO, FL 32822

I hereby 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:** SHANNON STULL

MS.

01/15/2010

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