

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000046779

FILED
Apr 28, 2011
Secretary of State

Entity Name: TROPHYKART GLOBAL HOLDINGS, LLC

Current Principal Place of Business:

7075 KINGSPONTE PARKWAY
B-6
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7075 KINGSPONTE PARKWAY
B-6
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 27-2484533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGALL, RONALD H
7075 KINGSPONTE PARKWAY
B-6
ORLANDO, FL 32819 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: MGMR
Name: SEGALL, RONALD H
Address: 7075 KINGSPONTE PARKWAY SUITE B-6
City-St-Zip: ORLANDO, FL 32819 US

Title: MGMR
Name: SEGALL, ALAN M
Address: 7075 KINGSPONTE PARKWAY SUITE B-6
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR
Name: MCMILLEN, BRUCE B
Address: 7075 KINGSPONTE PARKWAY SUITE B-6
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR
Name: DEUTSCH, DANIEL
Address: 7075 KINGSPONTE PARKWAY SUITE B-6
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR
Name: RUGGIERI, PHIL
Address: 7075 KINGSPONTE PARKWAY SUITE B-6
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR
Name: PREMIER INDUSTRIES INTERNATIONAL LLC
Address: 7075 KINGSPONTE PARKWAY SUITE B-6
City-St-Zip: ORLANDO, FL 32819 US

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: RONALD SEGALL

MGMR

04/28/2011

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