

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90035 021 \*\*\*\*50.00

**DOCUMENT # L99000004482**

1. Entity Name

TREMRON JACKSONVILLE, L.C.



Principal Place of Business

2885 ST. CLAIR ST.  
JACKSONVILLE, FL 32254

Mailing Address

2885 ST. CLAIR ST.  
JACKSONVILLE, FL 32254

**14005780**



04262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3598951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARON, HUGUES  
2885 ST. CLAIR ST.  
JACKSONVILLE, FL 32254

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PACITTI, EDILIO  
STREET ADDRESS 11321 N.W. 138TH STREET  
CITY- ST- ZIP MIAMI, FL 33178

TITLE MGR  
NAME CARON, MICHEL  
STREET ADDRESS 11321 N.W. 138TH STREET  
CITY- ST- ZIP MIAMI, FL 33178

TITLE MGR  
NAME CARON, HUGUES  
STREET ADDRESS 2885 ST. CLAIR ST.  
CITY- ST- ZIP JACKSONVILLE, FL 32254

TITLE MGR  
NAME PACITTI, MARISA  
STREET ADDRESS 11321 NW 138TH STREET  
CITY- ST- ZIP MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/26/2005 904-359-5900**

Date

Daytime Phone #