

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003992

1. Entity Name
TRN PROFESSIONAL EMPLOYER ORGANIZATION LLC



Principal Place of Business
500 WINDERLY PLACE, SUITE 122
MAITLAND, FL 32751

Mailing Address
500 WINDERLY PLACE, SUITE 122
MAITLAND, FL 32751



02102004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1897471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDRICH, GORDON
500 WINDERLY PLACE, SUITE 122
MAITLAND, FL 32751

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME STALLAND, DONALD
STREET ADDRESS 22021 BROOKPARK ROAD
CITY - ST - ZIP FAIRVIEW PARK, OH 44126

TITLE MGR
NAME GERRITY, AMY
STREET ADDRESS 22021 BROOKPARK ROAD
CITY - ST - ZIP FAIRVIEW PARK, OH 44126

TITLE MGR
NAME KRYSTOWSKI, JOHN
STREET ADDRESS 22021 BROOKPARK ROAD
CITY - ST - ZIP FAIRVIEW PARK, OH 44126

TITLE MGR
NAME FRIEDRICH, GORDAN
STREET ADDRESS 22021 BROOKPARK ROAD
CITY - ST - ZIP FAIRVIEW PARK, OH 44126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000131736
04/27/04-80017-019 50.00

**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)(f), 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 808, Florida Statutes.

SIGNATURE: _____

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

4/22/04

Date

440 779 6089

Daytime Phone #