

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003480

FILED
Jan 24, 2008
Secretary of State

Entity Name: TRETY USA LLC

Current Principal Place of Business:

155 ST JOHN'S BUSINESS PLACE SUITE 205
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

155 ST JOHN'S BUSINESS PLACE SUITE 205
ST AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 84-1508895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRENDLER, STEPHEN M
155 ST JOHNS BUSINESS PLACE
SUITE 205
SAINT AUGUSTINE, FL 32095 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 () Delete
Name: TRENDLER, STEPHEN
Address: 155 ST JOHN'S BUSINESS PLACE SUITE 205
City-St-Zip: ST AUGUSTINE, FL 32095

Title: MGR () Delete
Name: GILBERT, NATALIE
Address: 155 ST. JOHNS BUSINESS PLACE SUITE 205
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR () Delete
Name: TRETY COMMUNICATIONS,
Address: 155 ST JOHN'S BUSINESS PLACE SUITE 205
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHEN TRENDLER

MGR

01/24/2008

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