

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005398

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** PROJECT TRADES SOLUTIONS, LLC

**Current Principal Place of Business:**

10539 PROFESSIONAL CIRCLE  
STE 200  
RENO, NV 89521

**New Principal Place of Business:**

**Current Mailing Address:**

10539 PROFESSIONAL CIRCLE  
STE 200  
RENO, NV 89521

**New Mailing Address:**

**FEI Number:** 20-8589262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DEFEBAGH, JAMES MGR  
Address: 10539 PROFESSIONAL CIRCLE STE 200  
City-St-Zip: RENO, NV 89521

Title: MGR  
Name: GAFFORD, DERREK MGR  
Address: 10539 PROFESSIONAL CIRCLE STE 200  
City-St-Zip: RENO, NV 89521

Title: MGR  
Name: TROPPE, FRANK MGR  
Address: 10539 PROFESSIONAL CIRCLE STE 200  
City-St-Zip: RENO, NV 89521

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: RUSSELL KOPP

POA

03/30/2012

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