

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP -3 PM 3: 05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address  
of Limited Liability Company

DOCUMENT # M98000000552

TRUMBULL SERVICES, L.L.C.

4 GRIFFIN ROAD, NORTH, GRIFFIN CENTER  
WINDSOR CT 06095

1a. Principal Place of Business Address

4 GRIFFIN ROAD, NORTH, GRIF  
WINDSOR CT 06095

2 Principal Place of Business

2a. Mailing Address

Hartford Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hartford, CT

Zip

Country

Zip

Country

06115

3. Date Organized or Qualified

06/01/1998

3a. State of Formation

CT

4. FEI Number

NOT APPLICABLE

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ \$875 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing.)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WILCOX, ELLEN	4 GRIFFIN ROAD, NORTH, GR	WINDSOR CT
MGR	ALEIA, ALAN	4 GRIFFIN ROAD, NORTH, GR	WINDSOR CT

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\*\*\*\*588.75 \*\*\*\*588.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Ellen S Wilcox

8/27/99 (860) 549-3801

(PRINT NAME AND FULL UNABBREVIATED NAME OF SIGNING MANAGING MEMBER OR MANAGER)

Date

Telephone #