## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000021672

City-St-Zip:

APOPKA, FL 32712

Entity Name: TRINITY FINANCIAL SERVICES LLC

FILED Apr 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 940 CENTRE CIRCLE **SUITE 3022** ALTAMONTE SPRINGS, FL 32814 **Current Mailing Address: New Mailing Address:** 940 CENTRE CIRCLE **SUITE 3022** ALTAMONTE SPRINGS, FL 32814 FEI Number: 03-0377362 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHARFELD, GREGORY C 13945 FLORIGOLD DRIVE WINDERMERE, FL 34786 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BOCKHORN, DANIEL A Name: Name: Address: 395 SWEET BAY DR. Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition SCHARFELD, GREGORY C Name: Name: Address: 13945 FLORIGOLD DRIVE Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: MGR () Delete Title: () Change () Addition HOLAN, HARRY H Name: Name: 1244 CROWN ISLE CR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: GREGORY C. SCHARFELD MGR 04/20/2007