

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038246

**Entity Name:** TRINITY ESCAPE, LLC

**Current Principal Place of Business:**

240 MOHAWK ROAD  
CLERMONT, FL 34715

**Current Mailing Address:**

240 MOHAWK ROAD  
CLERMONT, FL 34715 US

**FEI Number: 45-1497889**

**Certificate of Status Desired: No**

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

CASTRILLI, MICHAEL D  
240 MOHAWK ROAD  
CLERMONT, FL 34715 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

**Authorized Person(s) Detail :**

Title	CEO	Title	VP
Name	CASTRILLI, MICHAEL D	Name	CASTRILLI, MARLA
Address	240 MOHAWK ROAD	Address	240 MOHAWK ROAD
City-State-Zip:	CLERMONT FL 34715	City-State-Zip:	CLERMONT FL 34715

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL CASTRILLI**

**CEO**

**04/25/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date