## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099689

**Entity Name: TRINITY TRADING GROUP LLC** 

**Current Principal Place of Business:** 

10014 SHORTWOOD LANE ORLANDO. FL 32836

**Current Mailing Address:** 

10014 SHORTWOOD LANE ORLANDO, FL 32836 US

FEI Number: 46-0703570 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHOCK, BRUCE R 10014 SHORTWOOD LANE ORLANDO, FL 32836 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

FILED Apr 07, 2023

**Secretary of State** 

6047594283CC

Date

Authorized Person(s) Detail:

Title MGR Title AUTHORIZED MEMBER

Name SCHOCK, BRUCE R Name SRT FAMILY, LLC

Address 10014 SHORTWOOD LANE Address 32 CANTERBURY BELL DRIVE

City-State-Zip: ORLANDO FL 32836 City-State-Zip: OVIEDO FL 32765

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER
Name RHOWE INVESTMENT GROUP, LLC Name TRIAD CURRENCY LLC

Address 713 LITTLE WEKIVA RD Address 1600 GREEN CRICKET CT.

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: APOPKA FL 32712

TitleAUTHORIZED MEMBERTitleAUTHORIZED MEMBERNameCERNIGLIA, EMILY V.NameCARLOW, ELIZABETH A.Address10014 SHORTWOOD LANEAddress10014 SHORTWOOD LANE

City-State-Zip: ORLANDO FL 32836 City-State-Zip: ORLANDO FL 32836

Title AUTHORIZED MEMBER

Name HOLECHEK, RHETT

Address 7321 N. 153RD STREET

City-State-Zip: BENNINGTON NE 68007

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: BRUCE R SCHOCK PRESIDENT & CEO 04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail