

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000027292

**FILED**  
**Jun 09, 2020**  
**Secretary of State**  
**4885617906CC**

**Entity Name:** TRINITY INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

7 FLINT PLACE  
PALM COAST, FL 32137

**Current Mailing Address:**

7 FLINT PL  
PALM COAST, FL 32137 US

**FEI Number: 35-2527852**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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            PRESIDENT  
Name            MCKENZIE, HEPBURN G  
Address        7 FLINT PL  
City-State-Zip: PALM COAST FL 32137

Title            MGR  
Name            MCKENZIE, APOLLO-JAMAL  
Address        2298 ORCHARD STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title            SECRETARY  
Name            MCKENZIE, CAMILLE  
Address        7 FLINT PL  
City-State-Zip: PALM COAST FL 32137

Title            CFO  
Name            ECCLES, AUDLEY D  
Address        20 EAST INGLESIDE DRIVE  
City-State-Zip: MANDEVILLE MANCHESTER

Title            PROPERTY MANAGER  
Name            STURDIVANT , ERIKA J  
Address        2298 ORCHARD STREET  
City-State-Zip: JACKSONVILLE FL 32209

*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: HEPBURN G MCKENZIE**

**PRESIDENT**

**06/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date