

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000204697

**Entity Name:** TRINITY TUSCAN CENTER, LLC

**Current Principal Place of Business:**

3600 GALILEO DRIVE, STE. 104  
TRINITY, FL 34655

**Current Mailing Address:**

3600 GALILEO DRIVE, STE. 104  
TRINITY, FL 34655 US

**FEI Number: 81-5065428**

**Certificate of Status Desired: No**

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

BUCK, PATRICIA  
3600 GALILEO DRIVE, STE. 104  
TRINITY, FL 34655 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 MGR  
Name ORSI, JENNIFER  
Address 3600 GALILEO DRIVE, STE. 104  
City-State-Zip: TRINITY FL 34655

Title MGR  
Name BERRY, MICHELLE  
Address 3600 GALILEO DRIVE, STE. 104  
City-State-Zip: TRINITY FL 34655

Title MGR  
Name BUCK, PATRICIA O  
Address 3600 GALILEO DRIVE, STE. 104  
City-State-Zip: TRINITY FL 34655

Title MGR  
Name VITALE, JULIE O  
Address 3600 GALILEO DRIVE, STE. 104  
City-State-Zip: TRINITY FL 34655

*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: JENNIFER ORSI**

**MGR**

**04/24/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date