

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007539

**Entity Name:** PDT-TRINITY LLC

**Current Principal Place of Business:**

909 NORTH 8TH STREET, SUITE 115  
SHEBOYGANN, WI 53081

**Current Mailing Address:**

909 NORTH 8TH STREET, SUITE 115  
SHEBOYGANN, WI 53081 US

**FEI Number:** 81-2950060

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SCHAFFER, THOMAS  
Address 2551 NORTH WAHL AVENUE  
City-State-Zip: MILWAUKEE WI 53211

Title MGR  
Name GOTTSACKER, PAUL S  
Address 909 NORTH 8TH STREET, SUITE 115  
City-State-Zip: SHEBOYGANN WI 53081

Title MGR  
Name ZABEL, DEREK  
Address 8425 US HWY 19  
City-State-Zip: PORT RICHEY FL 34668

*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:** PAUL S. GOTTSACKER

**MANAGER**

**04/24/2019**

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

\_\_\_\_\_  
Date