

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90010 036 \*\*\*\*50.00

**DOCUMENT #** L000000009467

**1. Entity Name**

HENNING/TRION FINANCIAL, L.C.

**DO NOT WRITE IN THIS SPACE**

945665

**2. Principal Place of Business**

4901 N. Federal Highway

Suite, Apt. #, etc.

Suite 100

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

**3. Mailing Address**

4901 N. Federal Highway

Suite, Apt. #, etc.

Suite 100

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

**4. FEI Number**

65-1035988

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Bolanos Truxton, P.A.

Street Address (P.O. Box Number is Not Acceptable)

12800 University Drive, Suite 340

City

Fort Myers

FL

Zip Code  
33907

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGR  
Henning, Jurgan A  
12824 Yacht Club Circle  
Ft. Myers, FL 33919

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGR  
Barber, Kenneth T.  
4901 N. Federal Highway, Suite 100  
Ft. Lauderdale, FL 33308

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)