

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92179 020 \*\*\*\*55.00

DOCUMENT # *100000011619*

1. Entity Name

Trinity Services, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3675 North Country Club Drive

3. Mailing Address

3675 North Country Club Drive

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

Suite 410

City & State  
Miami, Florida

City & State  
Miami Florida

4. FEI Number 65-1043603

Applied For  
Not Applicable

Zip  
33180

Country  
U.S.A.

Zip  
33180

Country  
U.S.A.

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Bravo, Alejandro

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

3675 North Country Club Drive #410

City miami

FL

Zip Code  
33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
Bravo, ALEJANDRO  
3675 North Country Club Drive #410  
Miami, FL 33180

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 (12/02)