

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004817

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** TRINITY REALTY SERVICES GROUP, LLC

**Current Principal Place of Business:**

15260 SW 280 ST SUITE 206  
HOMESTEAD, FL 33032 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 90987  
HOMESTEAD, FL 33090 US

**New Mailing Address:**

15260 SW 280 ST SUITE 206  
HOMESTEAD, FL 33032 US

**FEI Number:** 65-1086335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SJO ASSOCIATES  
15260 SW 280 ST SUITE 206  
HOMESTEAD, FL 33090 US

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

SJO ASSOCIATES  
15260 SW 280 ST SUITE 206  
HOMESTEAD, FL 33032 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: STEPHANYE JOHNSON

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSON, EARTHA L  
Address: 622 PINE ST  
City-St-Zip: BROOKLYN, NY 11208

Title: MGRM ( ) Delete  
Name: JOHNSON, STEPHANYE  
Address: 15260 SW 280 ST SUITE 206  
City-St-Zip: HOMESTEAD, FL 33032

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: JOHNSON, KRAIG  
Address: 15260 SW 280 ST SUITE 206  
City-St-Zip: HOMESTEAD, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHANYE JOHNSON

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date