

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001073 1. Entity Name TRINITY STAFFING, LLC	
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Principal Place of Business 408 ALMERIA COURT WINTER SPRINGS, FL 32708	Mailing Address 408 ALMERIA COURT WINTER SPRINGS, FL 32708
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DO NOT WRITE IN THIS SPACE

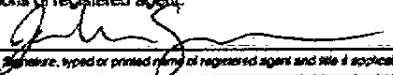
	
01282004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 26-0010803	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPOONER, JOHN MICHAEL
408 ALMERIA COURT
WINTER SPRINGS, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

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  DATE 1/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

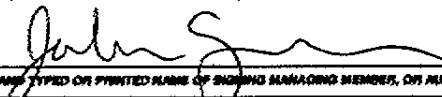
**Filing Fee is \$50.00
Due by May 1, 2004**

1100000021215
01/29/04-80098-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPOONER, JOHN MICHAEL 408 ALMERIA COURT WINTER SPRINGS, FL 32708
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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)(b), 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 606, Florida Statutes.

SIGNATURE:  DATE 1/26/04 DAYTIME PHONE # 407-695-1777

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