2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000001073

1. Entity Name
TRINITY STAFFING, LLC

Principal Place of Business	Mailing Address
408 ALMERIA COURT WINTER SPRINGS, FL 32708	408 ALMERIA COURT WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

01262004No 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

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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 _____ 1/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

100000021215
01/29/04-80098-019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SPOONER, JOHN MICHAEL
STREET ADDRESS	408 ALMERIA COURT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
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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: _____ 1/26/04 407-695-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #