

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90019 006 ****55.00

0039713

DOCUMENT # L02000009689

1. Entity Name

TRINITY PLAZA, LLC



Principal Place of Business

**1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

Mailing Address

**1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required.**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GREUSEL, JAMIE B ESQ
1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☒ **DANIEL J. DUFAULT** ☐ Delete
NAME **Mgr.**
STREET ADDRESS **1441 Caxambas Ct.**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ **MGRM** ☐ Delete
NAME **HANS W. HOENIG**
STREET ADDRESS **190 Post Ct.**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ **MGRM** ☐ Delete
NAME **John DiMaria**
STREET ADDRESS **980 Huron Ct. Apt. 203T**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

Daniel J. Dufault, MGR

SIGNATURE:

SIGNATURE REQUIRED

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

4/30/03

Date

239/394-8118

Daytime Phone #

CR2E083 (10/02)