

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90092 008 ****50.00

DOCUMENT # L02000017311



1. Entity Name
TRINITY, LLC

Principal Place of Business

**5308 EAGLE CAY WAY
COCONUT CREEK FL 33073**

Mailing Address

**5308 EAGLE CAY WAY
COCONUT CREEK FL 33073**

2. Principal Place of Business

3905 tree top Drive

3. Mailing Address

3905 tree top Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33332

Country

USA

Zip

33332

Country

USA

4. FEI Number

14-1837622

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

**SANTIAGO J. PADILLA, P.A.
1001 BRICKELL BAY DRIVE, SUITE 1704
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Federico Allen

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

3905 tree top Drive

City

Weston

FL

Zip Code

33332

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 **MGRM** ☐ Delete
NAME **ALLEN, FEDERICO**
STREET ADDRESS **5308 EAGLE CAY WAY**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **MGRM** ☐ Delete
NAME **D'ANGELO, SUSANA B**
STREET ADDRESS **5308 EAGLE CAY WAY**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **MGRM** ☒ Change ☐ Addition
NAME **Allen, Federico**
STREET ADDRESS **3905 tree top**
CITY-ST-ZIP **Weston, FL 33332**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **D'Angelo, Susana B.**
STREET ADDRESS **3905 tree top**
CITY-ST-ZIP **Weston, FL 33332**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/15/03 (954) 326-9766

CR2E083 (10/02)