


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/20/2004-90096-031-\$50.00-\$50.00

DOCUMENT # L03000012864			
1. Entity Name TRINITY TECH CENTER, LLC			
Principal Place of Business 7294 STATE ROAD 54 NEW PORT RICHEY, FL 34653 US		Mailing Address 7294 STATE ROAD 54 NEW PORT RICHEY, FL 34653 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CZAYA, DAVID 2000 MEADOW RUE CT. TRINITY, FL 34655		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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CZAYA, DAVID 2000 MEADOW RUE CT TRINITY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.			
SIGNATURE: <u>David Czaya</u>		9/16/2004 727-834-8688	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0565140 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required