

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000019874

1. Entity Name
TRINITY DNA SOLUTIONS, LLC



Principal Place of Business
**5697 INDUSTRIAL BLVD
MILTON, FL 32583**

Mailing Address
**5697 INDUSTRIAL BLVD
MILTON, FL 32583**



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0471023

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZULEGER, CANDY
5408 FLINTWOOD CIRCLE
PENSACOLA, FL 32504**

**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 _____

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, 2005**

**U00000365096
05/09/05-80026-001 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ZULEGER, CANDY
5408 FLINTWOOD CIRCLE
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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: _____

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

Date _____

Daytime Phone # _____