

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000013171

**FILED**  
**May 15, 2012**  
**Secretary of State**

**Entity Name:** TRINITY, LLC

**Current Principal Place of Business:**

12564 SAMPSON RD.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 41111  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:** 20-0889649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MILLER, HOWARD PRES.  
12564 SAMPSON RD  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** HOWARD MILLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MILLER, HOWARD PRES.  
**Address:** 12564 SAMPSON RD.  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** MGRM  
**Name:** MILLER, MARY M VPRES.  
**Address:** 12564 SAMPSON RD.  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** MGRM  
**Name:** MILLER, KAREN L VPRES.  
**Address:** 7860 CHASE MEADOW DR.  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** HOWARD MILLER

PRES

05/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date