

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000066474

1. Entity Name
KD TRINITY, LLC



Principal Place of Business

6609 RIDGE ROAD
SUITE 4
PORT RICHEY, FL 34668 US

Mailing Address

6609 RIDGE ROAD
SUITE 4
PORT RICHEY, FL 34668 US



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1610654

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEWEERD, DAVID H
6609 RIDGE ROAD
SUITE 4
PORT RICHEY, FL 34668

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000775456
01/08/08-80030-024 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------|
| TITLE | MGRM |
| NAME | DEWEERD, DAVID H |
| STREET ADDRESS | 6609 RIDGE ROAD, #4 |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 |
| TITLE | MGRM |
| NAME | KEHOE, THOMAS L |
| STREET ADDRESS | 6609 RIDGE ROAD, #4 |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

1/4/08

727-849-2785