

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066922

FILED
Apr 08, 2008
Secretary of State

Entity Name: TRINITY GLOBAL FINANCIAL GROUP PLLC

Current Principal Place of Business:

1609 BRANCH STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3727
TALLAHASSEE, FL 323153727

New Mailing Address:

FEI Number: 30-0269781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELLE PATRICE STEPHENS
1609 BRANCH STREET
TALLAHASSEE, FL 32303 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICHELLE PATRICE STEPHENS
Address: 1609 BRANCH STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: GWENDOLYN MELINDA MI, CHELLE EVANS
Address: 1609 BRANCH STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: ERICKA SIMONE WILLIA, MS
Address: 1609 BRANCH STREET
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHELLE PATRICE STEPHENS

MGRM

04/08/2008

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