

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000066922

**FILED**  
**Mar 02, 2010**  
**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  
**Name:** MICHELLE PATRICE STEPHENS  
**Address:** 1609 BRANCH STREET  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** MGRM  
**Name:** GWENDOLYN MELINDA MICHELLE EVANS  
**Address:** 1609 BRANCH STREET  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** MGRM  
**Name:** ERICKA SIMONE WILLIAMS  
**Address:** 1609 BRANCH STREET  
**City-St-Zip:** TALLAHASSEE, FL 32303

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:** GWENDOLYN MELINDA MICHELLE EVANS

MGRM

03/02/2010

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