


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90339 027 \*\*\*138.75

**DOCUMENT # L05000000152**

1. Entity Name  
**TRINITY CONTRACTING, LLC**



60013674



02102008 Chg-LLC CR2E083 (12/06)

Principal Place of Business Mailing Address  
**4285 DIXIE WAY** **4285 DIXIE WAY**  
**MIMS, FL 32754 US** **MIMS, FL 32754 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**3265 Pheasant Trail** **3265 Pheasant Trail**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Mims, FL** **Mims, FL**

Zip Country Zip Country  
**32754 US** **32754 US**

4. FEI Number  
**65-1239265**

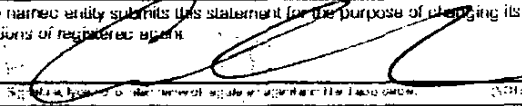
Apply For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**GEHLMAN, CHARLES J**  
**4285 DIXIE WAY**  
**MIMS, FL 32754**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3265 Pheasant Trail**  
 City **Mims** FL Zip Code **32754**

9. 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  DATE **2/10/08**

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

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
MGR	GEHLMAN, CHARLES J	4285 DIXIE WAY	MIMS, FL 32754	<input type="checkbox"/>
MGR	GEHLMAN, JENNY R	4285 DIXIE WAY	MIMS, FL 32754	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
		3265 Pheasant Trail	Mims, FL 32754	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3265 Pheasant Trail	Mims, FL 32754	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 included 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **2/10/08**

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