


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: **4285 DIXIE WAY, MIMS, FL 32754 US**

Mailing Address: **4285 DIXIE WAY, MIMS, FL 32754 US**

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

3. Mailing Address: **3265 Pheasant Trail**
 Suite, Apt. #, etc.

City & State: **Mims, FL**

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

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4. FEI Number: **65-1239265**

Applic 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** State: **FL** Zip: **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