

L050UW036708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

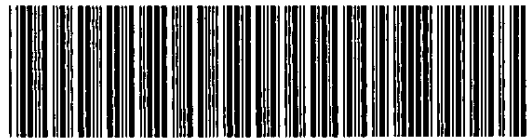
RA

Office Use Only

B. KOHR

JUL 11 2012

EXAMINER



200236761492

07/09/12--01011--024 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -9 AM 9:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY MATERIALS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTA PAGE

Name of Person

TRINITY MATERIALS, LLC

Firm/Company

7601 W. 79TH STREET

Address

BRIDGEVIEW, IL 60455

City/State and Zip Code

CMPAGE@VCNAINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTA PAGE

Name of Person

at (708)

563-5824

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -9 AM 9:48

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TRINITY MATERIALS, LLC

2. (a) Principal office address of limited liability company: 8529 SOUTH PARK CIRCLE, SUITE 320
(Note: MUST BE STREET ADDRESS) ORLANDO, FL 32819

(b) Mailing address of limited liability company: 8529 SOUTH PARK CIRCLE, SUITE 320
(Note: MAY BE POST OFFICE BOX) ORLANDO, FL 32819

04/14/2005

L05000036708

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

GLAZIER & GLAZIER, P.A.

Registered Office Address:

8825 PERIMETER PARK BLVD.

SUITE 504

JACKSONVILLE, FL 32216

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Walters Levine Klingensmith & Thomison, LLC

NEW Registered Office Address:

1819 MAIN STREET, SUITE 1110

(MUST BE FLORIDA STREET ADDRESS)

SARASOTA, FL 34236

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

MARTIN FALLON, MANAGER

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By:

(Signature of Registered Agent)

STUART JAY LEVINE, ESQ.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

DNHS18 (05/08)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -9 AM 9:48