


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000038157			
1. Entity Name TRILEGACY ADVISORS, LLC			
Principal Place of Business 2435 CANTERCLUB TRAIL APOPKA, FL 32712		Mailing Address 2435 CANTERCLUB TRAIL APOPKA, FL 32712	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2009 AUG -4 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06092009 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-2695387

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, C. RANDOLPH  
50 N LAURA STREET, SUITE 2600  
JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

9250 BAY MEADOWS RD #450

City

JACKSONVILLE

FL

Zip Code

32256

8. 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, the registered agent.

SIGNATURE

*C. Randolph Coleman*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/24/09

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCAS, EDICK A 2435 CANTERCLUB TRAIL APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900158987613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 07/28/09--01049--001 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 indicated 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

*C. Randolph Coleman*

7/24/2009 904-448-1969

Date

Daytime Phone