

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067923

FILED
Jul 02, 2007
Secretary of State

Entity Name: TRINITY TRANSPORT SYSTEMS LLC

Current Principal Place of Business:

8292 NORTHWEST SOUTH RIVER DRIVE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8292 NORTHWEST SOUTH RIVER DRIVE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-3174511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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: MGR () Delete
Name: BOWE, ETHRIC C
Address: 8292 NORTHWEST SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: BOWE, LINAMAE
Address: 8292 NORTHWEST SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: JAMES, WILLIAM
Address: 8292 NORTHWEST SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33166

Title: T () Delete
Name: FOWLER, PATRICIA
Address: 8292 NORTHWEST SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LINAMAE BOWE

MGR

07/02/2007

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