

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000012949

1. Entity Name
TRINITY HOMES OF S.W. FLORIDA, LLC



Principal Place of Business
**5961 GOLDEN OAKS LANE
NAPLES, FL 34119-1215**

Mailing Address
**5961 GOLDEN OAKS LANE
NAPLES, FL 34119-1215**



04202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4360629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BICKFORD, KATHRYN
5961 GOLDEN OAKS LANE
NAPLES, FL 34119-1215**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000918033
05/13/08-80067-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BICKFORD, KATHRYN 5961 GOLDEN OAKS LANE NAPLES, FL 341191215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUENYA, DANIEL O 5847 CHARITON WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE TRINITY DEVELOPMENT GROUP, LTD. CO. 5961 GOLDEN OAKS LANE NAPLES, FL 341191215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date **4-20-08** Daytime Phone **239 641-7579**