2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000044808

1. Entity Name

TRINITY WEALTH STRATEGIES, LLC



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

9430 BONITA BEACH RD

SUITE 202

BONITA SPRINGS, FL 34135

Mailing Address

9430 BONITA BEACH RD

SUITE 202

BONITA SPRINGS, FL 34135



04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4902313 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LALOR-BROWN, MARIE 9430 BONITA BEACH RD SUITE 202 BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

			•
	named entity submits this statement for the purpose of chan- ions of registered agent	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little 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 U00000904863 05/01/08-80030-003 143.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LALOR-BROWN, MARIE 9430 BONITA BEACH RD #202 BONITA SPRINGS, FL 34135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE
TITLE NAME STREET ADDRESS		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 impowered to execute this report as feetyling by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND PIPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OF

AUTHORIZED REPRESENTATIVE

4/14/08 (239) Dayling Phone 8