

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044808

FILED
Jul 29, 2009
Secretary of State

Entity Name: TRINITY WEALTH STRATEGIES, LLC

Current Principal Place of Business:

9430 BONITA BEACH RD
SUITE 202
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9200 QUARTZ LANE
SUITE 202
NAPLES, FL 34120

Current Mailing Address:

9430 BONITA BEACH RD
SUITE 202
BONITA SPRINGS, FL 34135

New Mailing Address:

P.O.BOX 112379
NAPLES, FL 34108-014

FEI Number: 20-4902313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

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

Name and Address of New Registered Agent:

LALOR-BROWN, MARIE
9200 QUARTZ LANE
SUITE 202
NAPLES, FL 34120 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: MARIE LALOR BROWN

07/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: LALOR-BROWN, MARIE
Address: 9430 BONITA BEACH RD #202
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LALOR-BROWN, MARIE
Address: 9200 QUARTZ LANE, SUITE #202
City-St-Zip: NAPLES, FL 34120

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: MARIE LALOR-BROWN

PRES

07/29/2009

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