


**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

60020353

DOCUMENT # L06000078296

1. Entity Name  
TRINITY SUN ENTERPRISES, LLC



Principal Place of Business  
3236 S. LOCKWOOD RIDGE RD  
SARASOTA, FL 34239

Mailing Address  
P.O. BOX 19319  
SARASOTA, FL 34276

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

6. Name and Address of Current Registered Agent  
  
TRACY, CATHERINE L  
2058 CONSTITUTION BLVD  
SARASOTA, FL 34231

7. Name and Address of New Registered Agent  
  
Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
CityFLZip Code

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

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
FIGUEROA, ANTHONY J  
3236 S. LOCKWOOD RIDGE  
SARASOTA, FL 34239

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
FIGUEROA, CARMEN L  
36 REGINA RD  
MORGANVILLE, NJ 07751

☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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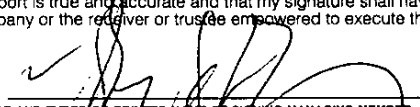
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature 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

Date2/28/07

Daytime Phone #941-993-6470

03-02-2007 90185 024 \*\*\*\*50.00

60020353



02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5342498Applied For  
Not Applicable

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