## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000082455

OAKLAND PARK, FL 33309 US

Entity Name: TRINITEE SERVICES, LLC

FILED Jan 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4996 N PINE ISLAND ROAD 6127 ARLINGTON WAY

SUNRISE, FL 33351 US FORT PIERCE, FL 34951 US

Current Mailing Address: New Mailing Address:

P.O. BOX 490107 6127 ARLINGTON WAY

FORT LAUDERDALE, FL 33349 US FORT PIERCE, FL 34951 US

FEI Number: 33-1142562 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: Name and Address of New Registered Agent:

ROPER, STEPHANIE B
3083 N OAKLAND FOREST DRIVE
UNIT 204

ROPER, STEPHANIE B
6127 ARLINGTON WAY
FORT PIERCE, FL 34951 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: STEPHANIE ROPER 01/29/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name:ROPER, STEPHANIE BName:ROPER, STEPHANIE BAddress:3083 N OAKLAND FOREST DRIVE UNIT 204Address:6127 ARLINGTON WAYCity-St-Zip:OAKLAND PARK, FL 33309 USCity-St-Zip:FORT PIERCE, FL 34951 US

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: STEPHANIE ROPER MGR 01/29/2008