

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066003

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TRINITY SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

14717 N.W. 103RD TERRACE  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

14717 N.W. 103RD TERRACE  
ALACHUA, FL 32615

**New Mailing Address:**

FEI Number: 30-0430395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SIMS, JUDITH M  
14717 N.W. 103RD TERRACE  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMS, JUDITH M  
Address: 14717 NW 103RD TERRACE  
City-St-Zip: ALACHUA, FL 32615

Title: MGRM ( ) Delete  
Name: HUTCHESON, CHARLES  
Address: 4328 NW 70TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: HUTCHESON, ROSA  
Address: 4328 NW 70TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: TIGHMAN, CYNTHIA  
Address: 444 STRANDVIEW DR  
City-St-Zip: PENSACOLA, FL 32534

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUDITH M. SIMS

MGRM

04/30/2009

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