

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

02-12-2008 90063 017 ***138.75

30002603

DOCUMENT # L07000107001	
1. Entity Name TRINITY CURBING, LLC	

Principal Place of Business 1208 DARCY ROAD LADY LAKE, FL 32159	Mailing Address 1208 DARCY ROAD LADY LAKE, FL 32159
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
14-2010813

Applied For
Not Applicable

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

6- Name and Address of Current Registered Agent SPOTTS, HAZEL B 17564 SE 119TH CIRCLE SUMMERFIELD, FL 34491		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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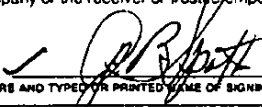
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME SI STREET ADDRESS CITY-ST-ZIP	PRES HAZEL B. SPOTTS 17564 SE 119TH CIR SUMMERFIELD, FL 34491 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME 49 STREET ADDRESS CITY-ST-ZIP	VICE PRES BARRY A SPOTTS 1208 DARCY ROAD LADY LAKE, FL 32159 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **01/25/08** **874-5920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #