

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113992

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: TRINITY OF ST. PETERSBURG, LLC

**Current Principal Place of Business:**

261 BELLEAIR DRIVE NE  
ST. PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERNEST L. MASCARA  
PO BOX 266  
ST. PETERSBURG, FL 33731 US

**New Mailing Address:**

261 BELLEAIR DRIVE NE  
ST. PETERSBURG, FL 33704 US

FEI Number: 26-1394504      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MASCARA, ERNEST L  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 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: MGR ( ) Delete  
Name: MATIRNE, SCOTT M  
Address: 261 BELLEAIR DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGR ( ) Delete  
Name: MATIRNE, BARBARA B  
Address: 261 BELLEAIR DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33704 US

**ADDITIONS/CHANGES:**

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: SCOTT M MATIRNE      MGR      04/16/2009

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