2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115770

Entity Name: TRINI LLC

FILED Apr 21, 2009 Secretary of State

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

1817 DORIC DR

TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

1817 DORIC DR

TALLAHASSEE, FL 32303

FEI Number: 30-0449863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

DEVENISH, ANTHONY 1817 DORIC DR TALLAHASSEE, FL 32303

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:

Title:

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

ADDITIONS/CHANGES:

MGRM

DEVENISH, ANTHONY

TALLAHASSEE, FL 32303

1817 DORIC DR

Electronic Signature of Registered Agent

US

Date

(X) Change () Addition

MANAGING MEMBERS/MANAGERS:

tle: MGR () Delete

Name: DEVENISH, ANTHONY Address: 1817 DORIC DR

City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete Title: () Change () Addition Name: DALRYMPLE, ANTOINETTE Name:

Name: DALRYMPLE, ANTOINETTE
Address: 836 MEDICAL COMMONS CT
City-St-Zip: TALLAHASSEE, FL 32310

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

 Name:
 Name:
 DEVENISH, ALTHEA

 Address:
 Address:
 1817 DORIC DR

 City-St-Zip:
 City-St-Zip:
 TALLAHASSEE, FL 32303

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: ANTHONY DEVENISH MGRM 04/21/2009