

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073848

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: TRINI GROUP, LLC

**Current Principal Place of Business:**

18501 PINES BOULEVARD  
SUITE 300  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

18501 PINES BOULEVARD  
SUITE 300  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

FEI Number: 26-3112489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WEST INTERNATIONAL CONSULTING, LLC  
18501 PINES BOULEVARD  
337  
PEMBROKE PINES, FL 33029 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: PEREZ GARCIA, MARIO  
Address: 18501 PINES BOULEVARD, SUITE 300  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGR ( ) Delete  
Name: PEREZ, MARCOS  
Address: 18501 PINES BOULEVARD, SUITE 300  
City-St-Zip: PEMBROKE PINES, FL 33029 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: MARIO PEREZ GARCIA

MGR

04/23/2009

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