

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101825

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** TRINITY HOLDINGS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

3530 SAM ALLEN OAKS CIRCLE  
PLANT CITY, FL 33656

**New Principal Place of Business:**

3530 SAM ALLEN OAKS CIRCLE  
PLANT CITY, FL 33565-650 US

**Current Mailing Address:**

3530 SAM ALLEN OAKS CIRCLE  
PLANT CITY, FL 33656

**New Mailing Address:**

3530 SAM ALLEN OAKS CIRCLE  
PLANT CITY, FL 33565-650 US

**FEI Number:** 26-3651815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLCOMB, VICTOR W ESQ.  
201 NORTH ARMENIA AVE.  
TAMPA, FL 33609 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MRS ( ) Change (X) Addition  
Name: ARNEY, ALICA L PRES  
Address: 3530 SAM ALLEN OAKS CIRCLE  
City-St-Zip: PLANT CITY, FL 33565 US

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:** ALICIA L. ARNEY

MRS.

04/14/2009

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