2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2011
Secretary of State

DOCUMENT# L09000009006

Entity Name: TRINITY INSURANCE, LLC

Current Principal Place of Business:

30377 SOUTH DIXIE HWY, SUITE B
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

28951 SW 164 AVE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 26-4176736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAURA, HENRY
28951 SW 164 AVE
HOMESTEAD, FL 33033 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: MGRM
Name: MAURA, HENRY
Address: 28951 SW 164 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: MGR
Name: MAURA, JOE
Address: 28951 SW 164 AVE
City-St-Zip: HOMESTEAD, FL 33033

I hereby 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 Statues.

SIGNATURE: JOE MAURA MGR 02/25/2011

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