

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000009006

Entity Name: TRINITY INSURANCE, LLC

FILED
Apr 07, 2012
Secretary of State

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 ()

Name and Address of Current Registered Agent:

MAURA, HENRY
28951 SW 164 AVE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

MAURA, HENRY
2190 SE 19 AVE
HOMESTEAD, FL 33035 US

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

04/07/2012

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MAURA, HENRY
Address: 2190 SE 19 AVE
City-St-Zip: HOMESTEAD, FL 33035

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 Statutes.

SIGNATURE: HENRY MAURA

MGR

04/07/2012

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