

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000170974

**Entity Name:** TRINITY VILLAGE FLORIDA GP LLC

**Current Principal Place of Business:**

14502 N. DALE MABRY HIGHWAY  
STE 333  
TAMPA, FL 33618

**Current Mailing Address:**

14502 N. DALE MABRY HIGHWAY  
STE 333  
TAMPA, FL 33618 US

**FEI Number:** 81-3861902

**Certificate of Status Desired:** No

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

GOLDSTEIN, DAVID  
14502 N. DALE MABRY HIGHWAY  
333  
TAMPA, FL 33618 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name BERGER, ROBERT  
Address 4999 ST. CATHERINE STREET WEST,  
SUITE 300  
City-State-Zip: MONTREAL QC H3Z 1-T3

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT BERGER

MANAGER

03/09/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date