

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000129601

Entity Name: QUINTUM TRINITY LLC**Current Principal Place of Business:**5612 LARK MEADOW PL
LITHIA, FL 33547**Current Mailing Address:**5612 LARK MEADOW PL
LITHIA, FL 33547 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, SEAN
5612 LARK MEADOW PL
LITHIA, FL 33547 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 ROBINSON, SEAN
Address 5612 LARK MEADOW PL
City-State-Zip: LITHIA FL 33547

Title MGR
Name WALTON ROBINSON, EMILY
Address 5612 LARK MEADOW PL
City-State-Zip: LITHIA FL 33547

Title MGR
Name ROBINSON, JEILIN
Address 5612 LARK MEADOW PL
City-State-Zip: LITHIA FL 33547

Title MGR
Name ROBINSON, JAI'EL
Address 5612 LARK MEADOW PL
City-State-Zip: LITHIA FL 33547

Title MGR
Name ROBINSON, JAXON
Address 5612 LARK MEADOW PL
City-State-Zip: LITHIA FL 33547

Title MGR
Name SMITH, MICHAEL
Address 16 HUDSON CT
City-State-Zip: FRANKLIN PARK NJ 08823

Title MGR
Name SMITH, KIMBERLYN DENNIS-
Address 16 HUDSON CT.
City-State-Zip: FRANKLIN PARK NJ 08823

Title MGR
Name SMITH, DOMINIQUE DENNIS-
Address 16 HUDSON CT.
City-State-Zip: FRANKLIN PARK NJ 08823

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: SEAN ROBINSON**OWNER****04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date