

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000096525

**Entity Name:** TRINITY ESTATES LLC

**Current Principal Place of Business:**

12620 BEACH BLVD  
STE 3, BOX 313  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

12620 BEACH BLVD  
STE 3, BOX 313  
JACKSONVILLE, FL 32246

**FEI Number:** 32-0682315

**Certificate of Status Desired:** No

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

WHITE, CHRISTOPHER  
12620 BEACH BLVD  
STE 3, BOX 313  
JACKSONVILLE, FL 32246 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 AMBR  
Name WHITE, CHRISTOPHER  
Address 12620 BEACH BLVD, STE 3, BOX 313  
City-State-Zip: JACKSONVILLE FL 32246

Title AMBR  
Name WHITE, DEIRDRE  
Address 12620 BEACH BLVD, STE 3, BOX 313  
City-State-Zip: JACKSONVILLE FL 32246

Title AMBR  
Name SNYDER, CYNTHIA  
Address 12620 BEACH BLVD, STE 3, BOX 313  
City-State-Zip: JACKSONVILLE FL 32246

Title AMBR  
Name SNYDER, BILL  
Address 12620 BEACH BLVD, STE 3, BOX 313  
City-State-Zip: JACKSONVILLE FL 32246

*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:** DEIRDRE WHITE

AMBR

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date