

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90020 049 ****50.00

DOCUMENT # L00000015398

1. Entity Name

TRIANGLE ENERGY LLC



Principal Place of Business

**900 EAST 65TH STREET
HIALEAH FL 33013**

Mailing Address

**9000 SHERIDAN STREET
SUITE 132
PEMBROKE PINES FL 33024**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9000 Sheridan Street

Suite, Apt. #, etc.

Suite 136

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

1st MOORE

CR2E083 (10/04)

4. FEI Number

65-1054229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, CLEMENTE E
9000 SHERIDAN STREET
SUITE 132
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CRUZ, CLEMENTE J**
STREET ADDRESS **9000 SHERIDAN STREET, SUITE 132**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **MGR** ☐ Delete
NAME **CRUZ, CLEMENTE E**
STREET ADDRESS **9000 SHERIDAN STREET, SUITE 132**
CITY-ST-ZIP **PEMBROKE PINES FL 33324**

TITLE **MGR** ☐ Delete
NAME **CRUZ, TERESA**
STREET ADDRESS **9000 SHERIDAN STREET, SUITE 132**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **CRUZ, Clemente J**
STREET ADDRESS **9000 Sheridan St., Suite 136**
CITY-ST-ZIP **Pembroke Pines, FL, 33024**

TITLE **MGR** ☒ Change ☐ Addition
NAME **CRUZ, Clemente E.**
STREET ADDRESS **9000 Sheridan Street, Suite 136**
CITY-ST-ZIP **Pembroke Pines, FL, 33024**

TITLE **MGR** ☒ Change ☐ Addition
NAME **CRUZ, Teresa**
STREET ADDRESS **9000 Sheridan Street, Suite 136**
CITY-ST-ZIP **Pembroke Pines, FL, 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #