

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000118419

Entity Name: TRIPLE BELL HOLDINGS LLC**Current Principal Place of Business:**14875 BAYVIEW AVENUE
AURORA, ON L4G 3-G8**Current Mailing Address:**455 MAGNA DRIVE
AURORA, ON L4G-7A9 CA**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGING MEMBER
Name TRIPLE BELL HOLDINGS LIMITED
Address 14875 BAYVIEW AVENUE
City-State-Zip: AURORA L4G 3-G8

Title MANAGER
Name STRONACH , BELINDA
Address 14875 BAYVIEW AVENUE
City-State-Zip: AURORA L4G 3-G8

Title MANAGER
Name STRONACH, ELFRIEDE
Address 14875 BAYVIEW AVENUE
City-State-Zip: AURORA L4G 3-G8

Title MANAGER
Name ROGERS, MIKE
Address 455 MAGNA DRIVE
City-State-Zip: AURORA ON L4G 7A9

Title MANAGER
Name SIMONETTI, JOHN
Address 455 MAGNA DRIVE
City-State-Zip: AURORA ON L4G7A9

Title MANAGER
Name OSSIP, ALON
Address 455 AURORA DRIVE
City-State-Zip: AURORA ON L4G7A9

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: MIKE ROGERS

MANAGER

03/22/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date