

**2019 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 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:** BELINDA STRONACH

MANAGER

02/06/2019

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