

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000081128

**Entity Name:** EASTERN TRIANGLE ENTERPRISES, LLC.

**Current Principal Place of Business:**

120 CUMBERLAND PARK DR  
SUITE 203  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

120 CUMBERLAND PARK DR  
SUITE 203  
ST AUGUSTINE, FL 32095 US

**FEI Number:** 45-5553393

**Certificate of Status Desired:** No

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

BROEKEMEIER, JASON D  
120 CUMBERLAND PARK DR  
SUITE 203  
ST AUGUSTINE, FL 32095 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 MGRM  
Name BROEKEMEIER, JORDAN D  
Address 249 LINKSIDE CIR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGRM  
Name BROEKEMEIER, JASON D  
Address 1655 THE GREENS WAY  
APT 3232  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** JASON BROEKEMEIER

**MANAGING MEMBER**

**04/22/2014**

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

\_\_\_\_\_  
Date