

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000092356

Entity Name: TRIPLE D WHOLESale TIRE LLC

Current Principal Place of Business:

16251 N US HWY 301
CITRA, FL 32113

Current Mailing Address:

16251 N US HWY 301
CITRA, FL 32113 US

FEI Number: 46-0622382

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARDS, DAMON
13815 NE 47TH AVE
ANTHONY, FL 32617 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 RICHARDS, DAMON M
Address 13815 NE 47TH AVE
City-State-Zip: ANTHONY FL 32617

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: DAMON M RICHARDS

OWNER

03/22/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date