

**2017 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**

**03/02/2017**

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

\_\_\_\_\_ Date