

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000127241

**Entity Name:** TRIPLE CROWN SPORTSWEAR, LLC

**Current Principal Place of Business:**

2314 NE 29TH TERRACE  
UNIT 1  
OCALA, FL 34470

**Current Mailing Address:**

2775 NW 49TH AVE SUITE 205-315  
OCALA, FL 34482 US

**FEI Number:** 82-1833090

**Certificate of Status Desired:** Yes

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

BELLEMORE, KRISTIE  
2801 SE 17TH ST  
OCALA, FL 34471 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 AMBR  
Name BELLEMORE, KRISTIE  
Address 2775 NW 49TH AVE SUITE 205-315  
City-State-Zip: Ocala FL 34482

Title AMBR  
Name WERNETH, ROBERT A  
Address 2665 NE 37TH PLACE ROAD  
City-State-Zip: Ocala FL 34479

Title MBR  
Name WERNETH, ROGER D  
Address 346 CR231  
City-State-Zip: WILDWOOD FL 34785

*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:** KRISTIE BELLEMORE

AMBR

03/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date