

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015266

1. Entity Name

TRIANGLE TRADING, L.L.C.

Principal Place of Business

Mailing Address

2311 Okeechobee Road P.O. Box 2547
Fort Pierce, FL 34950 Fort Pierce, FL 34954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 FEB 19 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

James David Neill
3401 Oleander Avenue
Fort Pierce, FL 34982

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
m James David Neill
STREET ADDRESS 3401 Oleander Ave
CITY-ST-ZIP Fort Pierce, FL 34982

TITLE NAME ☐ Change ☐ Addition
800003746468-4
-02/21/01--01124--018
*****50.00 *****50.00

TITLE NAME ☐ Delete
m Richard V. Neill
STREET ADDRESS P.O. Box 1270
CITY-ST-ZIP Fort Pierce, FL 34954

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
m Erin S. Neill
STREET ADDRESS 3401 Oleander Ave
CITY-ST-ZIP Fort Pierce, FL 34982

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Erin Neill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/01 561-464-2061

CR2E083 (11/00)