

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000004288**

1. Entity Name

TRIPLE R MANAGEMENT LLC

Principal Place of Business

**200 SOUTH A1A, UNIT #4
FLAGLER BEACH FL 32136**

Mailing Address

**200 SOUTH A1A, UNIT #4
FLAGLER BEACH FL 32136**

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

59-3710337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

**WORTHINGTON, RENEE C
10 CHADWICK COURT
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **REGISTERED AGENT** ☐ Delete **NAME**
NAME **RENEE WORTHINGTON**
STREET ADDRESS **10 CHADWICK CT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **MARY R CLEMENS -** ☐ Delete **NAME**
NAME **312 N 12 ST**
STREET ADDRESS **32136 MEMBER**
CITY-ST-ZIP **FLAGLER BEACH FL**

TITLE **MEMBER** ☐ Delete **NAME**
NAME **RICHARD L CLEMENS**
STREET ADDRESS **312 N 12 ST**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE ☐ Delete **NAME**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete **NAME**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete **NAME**
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TITLE ☐ Delete **NAME**
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CITY-ST-ZIP

TITLE ☐ Delete **NAME**
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Renee C. Worthington
MANAGING MEMBER

3/5/02 (386) 47-1477

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

Date

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

03-20-2002 90009 035 ****50.00

85759

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)