## 2004 LIMITED LIABILITY COMPANY

## FILED Jul 09, 2004 8:00 am Secretary of State

	<u></u>	ANNUAL REPORT			
DOCUMENT # L01000015390					

Principal Place of Business 6311 PASADERA POINT BLVD. SOUTH GULFPORT, FL 33707  2. Principal Place of Business  Suite, Apt. 4, etc.  Cry & State  Cry & State  Cry & State  Cry & State  Country  S. Cenfoque of Subun Desired  Res Registered Registered Agent  Application  FER Registered Registered Agent  Name	1. Entity Name TRIPLEP	DINT CONSTRUCTION, LL	07-09-2004 90091 007 ****55.00								
Ratin PASOENA POINT BLVD. SOUTH GILL FORT, FL. 33/07.  2. Principal Prace of Business  Suite, Apt. etc.  Suite, Apt. etc			_		7						
Suite. Apt. 6, etc.    Suite. Apt. 6, etc.   O7072004   ChgLLC   CR2E083 (10/03)	6311 PASADI	ENA POINT BLVD. SOUTH L 33707	6311 PASADENA POINT B	LVD. SOUTH		and and state of the state of t	IJEDJ BIJ JURI				
City & State  Country  Special Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. The shove named or gipu-levery links statement for the purpose of changing its registered date or registered Agent in the State of Foldat.  SPIEL Address (F.O. Box Number is Not Acceptable)  4. The shove named or gipu-levery links statement for the purpose of changing its registered date or registered agent in the State of Foldat.  SPECIAL STATE  By Clark State  City State Address (F.O. Box Number is Not Acceptable)  Filling Fee is \$50.00  Pure by September 8, 2004  Filling Fee is \$50.00  Pure by September 8, 2004  Special Address (F.O. Box Number is not state)  Filling Fee is \$50.00  Pure by September 8, 2004  Special Address (F.O. Box Number is not state)  Filling Fee is \$50.00  Pure by September 8, 2004  Special Address (F.O. Box Number is not state)  Filling Fee is \$50.00  Pure by September 8, 2004  Special Address (F.O. Box Number is Not Acceptable)  Special Address (F.O. Box Number is Not Acceptable)  Special Address (F.O. Box Number is Not Acceptable)  Filling Fee is \$50.00  Pure by September 8, 2004  Special Address (F.O. Box Number is Not Acceptable)  Special Address (F.O. Box Number is Not Acceptable)  Special Address (F.O. Box Number is Not Acceptable)  Filling Fee is \$50.00  Pure by September 8, 2004  Special Address (F.O. Box Number is Not Acceptable)  Filling Fee is \$50.00  Pure by September 8, 2004  Special Address (F.O. Box Number is Not Acceptable)  Special Address (F.O. Box Number is Not Acceptable)  Special Address (F.O. Box Number is Not Acceptable)  Filling Fee is \$50.00  Pure by September 8, 2004  Special Address (F.O. Box Number is Not Acceptable)  Special Address (F.O. Box Number is Not Acceptable)  Special Address (F.O. Box Number is Not Acce	2. Principal Pl	ace of Business	3. Mailing Address	· • • • • • • • • • • • • • • • • • • •							
SPI-3744337   Not Applicable   Sp. 3744337   Not Applicable   Sp. 3744337   St. 04 Applicable   Sp. 35.00 Applicab	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07072004 Chg-LLC	CR2E083 (10/03)					
S. Name and Address of Current Registered Agent   S. Certificate of Status Desired   S. S. D. Additional Foo Reputed   S. S. D. Additional Foo Reputed   S. S. D. Additional Foo Reputed   S. S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent   S. Name and Address	City & State	·	City & State		•	<del></del>					
SPIEGEL & UTRERA P.A 1840 SW 22ND ST. 47H FLOOR MIAMI, FL 33145  8. The above named enjoymetry-built is statement for the purpose of changing its registered office or registered agent, or both, in the State of Frontial. I am furnisher with, and accept the obligations of registered agent, or both, in the State of Frontial. I am furnisher with, and accept the obligations of registered agent, or both, in the State of Frontial. I am furnisher with and accept the obligations of registered agent, or both, in the State of Frontial. I am furnisher with and accept the obligations of registered agent, or both, in the State of Frontial. I am furnisher with and accept the obligations of registered agent, or both, in the State of Frontial. I am furnisher with and accept the obligations of registered agent, or both, in the State of Frontial. I am furnisher with and accept the obligations of registered agent, or both, in the State of Frontial. I am furnisher with and accept the obligations of registered agent, or both, in the State of Frontial. I am furnisher with and accept the both in the State of Frontial. I am furnisher with and accept the both of Frontials. I am furnisher with and accept the state of Frontial. I am furnisher with a control of State.  FIGURE 1. ACC THE POWN THE STATE OF THE ACCESS OF THE ACC	Zip	Country	Zip	Country							
SPIEGRET & UTREFA, P.A.  1840 SW 220D ST.  4TH FLOOR  MIAMM, FL 33145  City SL Clevelour FL 2p Cose  FL 2p Cose  City SL Clevelour FL 2p Cose  City SL Clevelour FL 2p Cose  City SL Clevelour FL 2p Cose  FL 2p C		6. Name and Address of Current	Registered Agent		7. Name and Address of N	lew Registered Agent					
Street Address (P.O. Box Number is Not Acceptable)  ### THE LOOR  MIAMI, FL 33145  ### Class	COLECE:- S	LITOEON DA	سيان بريك بالسادرجيد دا	Name	Veal-E	12kc	=				
MIAMI, FL 33145  City	1840 SW 2	2ND ST.		Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
B. The above named engine-largest this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered largest.    CAL E					311 Pasadena	, Point Bl					
### Change   Change   Addition				34			5707				
SIGNATURE  SUCRATURE			r the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State	of Florida. I am familiar with	, and accept				
Filing Foe is \$50.00  Pue by September 6, 2004  Sep			n	۵۱ اء .	Cista	7-7-04					
Filing Fee is \$50.00 Pue by September 8, 2004  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE	SIGNATURE _	Signature, types or printed name of registered agent									
TITLE   MGR   Change   Addition	Fill Due b	ing Fee is \$50.00 by September 8, 2004		e e e e e e e e e e e e e e e e e e e		lorida Department of Sta	le .				
NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P	9.		RS/MANAGERS	10.	ADDIT	IONS/CHANGES					
TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME	NAME STREET ADDRESS	FISKE, NEAL 6311 PASADENA POINT BLVD.		NAME STREET ADDRESS	<b>.!</b> 	☐ Change	Addition				
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE 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 iccurate 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:	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	-	☐ Change	Addition				
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	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										
	SIGNAT	URE:				7-7-04 Daytime Phone #					