

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018166

Entity Name: TRIPLE CONVENIENCE, L.L.C.

FILED  
Feb 05, 2007  
Secretary of State

**Current Principal Place of Business:**

2101 CRYSTAL DR.  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

2101 CRYSTAL DR  
FT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 59-3755475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RAMTAHAL, RANDOLPH  
236 PEBBLE BEACH BLVD  
NAPLES, FL 34113 US

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

RAMTAHAL, RANDOLPH  
236 PEBBLE BEACH BLVD APT#407  
NAPLES, FL 34113 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: RANDOLPH RAMTAHAL

02/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAMTAHAL, RANDOLPH  
Address: 236 PEBBLE BEACH BLVD  
City-St-Zip: NAPLES, FL 34113

Title: MGR ( ) Delete  
Name: AHAMMAD, ZAMIL  
Address: 8013 PANTHER DR APT 803  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RAMTAHAL, RANDOLPH  
Address: 236 PEBBLE BEACH BLVD APT#407  
City-St-Zip: NAPLES, FL 34113

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RANDOLPH RAMTAHAL

MGRM

02/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date