

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013166

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** POLY-TRIPLEX TECHNOLOGIES, LLC

**Current Principal Place of Business:**

3816 HOUSTON ROAD  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

67 NORWOOD DRIVE  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

3816 HOUSTON ROAD  
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number:** 20-1251447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNEIL, RONALD A  
3816 HOUSTON ROAD  
TALLAHASSEE, FL 32304 US

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

MCNEIL, RONALD A  
67 NORWOOD DRIVE  
MIRAMAR BEACH, FL 32550 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

04/30/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: MCNEIL, RONALD A  
Address: 67 NORWOOD DRIVE  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VP  
Name: JONES, KATHRYN M  
Address: 736 DRIFTWOOD DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby 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: RONALD A MCNEIL

MEMB

04/30/2011

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