

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L03000005762

1. Entity Name
TRIDOC, L.L.C.



Principal Place of Business
2100 STATE AVE.
PANAMA CITY, FL 32405

Mailing Address
830 FLORIDA AVENUE
LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
47-0910247

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWEETSER, CHRISTINE B
2100 STATE AVE.
PANAMA CITY, FL 32405

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SWEETSER, MATTHEW G
STREET ADDRESS	902 EAST 8TH STREET
CITY-ST-ZIP	LYNN HAVEN, FL 32405
TITLE	MGRM
NAME	KOVALESKI, CHARLES R
STREET ADDRESS	1800 HARRERON AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	MGRM
NAME	SIRAGUEU, ROBERT J
STREET ADDRESS	1900 HARRISON AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000694661
04/17/07-80028-025 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

04/02/2007

Date

850.271.2626

Daytime Phone #