

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000024877

1. Entity Name

TRIPLE J PROPERTIES LLC



Principal Place of Business

6400 YELLOW WOOD PLACE
SARASOTA FL 34241

Mailing Address

6400 YELLOW WOOD PLACE
SARASOTA FL 34241



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0077783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARDEN, JULIE A
6400 YELLOW WOOD PLACE
SARASOTA FL 34241

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. 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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME ARDEN, JULIE A
STREET ADDRESS 6400 YELLOW WOOD PL
CITY- ST- ZIP SARASOTA FL 34241

☐ Change ☐ Addition
U00000623892
02/14/07-80008-011 50.00

TITLE VP ☐ Delete
NAME ESLINGER, JEFFERY D
STREET ADDRESS 4801 SWEETSHADE DR.
CITY- ST- ZIP SARASOTA FL 34241

☐ Change ☐ Addition

TITLE TS ☐ Delete
NAME ESLINGER, JAMES L
STREET ADDRESS 8424 COASH RD.
CITY- ST- ZIP SARASOTA FL 34241

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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

Julie A. Arden

Julie A. Arden

2/1/7

(941) 371-3920

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

Date

Daytime Phone #