

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000005335

1. Entity Name

TRITON ELECTRONICS SYSTEMS, LLC



Principal Place of Business

415 E BAY STREET
PERRY, FL

Mailing Address

~~415 E BAY STREET~~ P.O. Box 416
PERRY, FL Perry Fl 32348

201 SEP 20 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2300913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILKES, T. MARSH
415 E. BAY STREET
PERRY, FL

**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 September 14, 2007**

000109887720
09/25/07--01024--014 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WILKES, THOMAS MARSH
STREET ADDRESS 415 E BAY STREET
CITY- ST- ZIP PERRY, FL 32348

TITLE MGRM
NAME WILKES, DEBRA J
STREET ADDRESS 415 E BAY STREET
CITY- ST- ZIP PERRY, FL 32348

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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

Date

Daytime Phone #

Thomas Marsh Wilkes Thomas Marsh Wilkes 9-12-07 8505843671