

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # L04000005335	
1. Entity Name TRITON ELECTRONICS SYSTEMS, LLC	

Principal Place of Business 415 E BAY STREET PERRY, FL	Mailing Address P.O. BOX 416 PERRY, FL 32348
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2300913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating)

1100000242977
02/12/08-90017-004 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

DO NOT WRITE 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: *Thomas Wilkes Debra J Wilkes* 2/27/08 850-584-3671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #