

**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**



02192008 No Chg-LLC

CR2E083 (12/07)

**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)

**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	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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Marsh Wilkes* *Debra J Wilkes*

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

**2/27/08**

Date

**850-584-3671**

Daytime Phone #