

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000009846

1. Entity Name
TRIANGLE BUILDING, LLC



Principal Place of Business
**5480 NE 22 AVE
FORT LAUDERDALE, FL 33308**

Mailing Address
**5480 NE 22 AVE
FORT LAUDERDALE, FL 33308**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0681183

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRAZIER, ROBERT M
5480 NE 22 AVE
FORT LAUDERDALE, FL 33308**

**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	FRAZIER, ROBERT M
STREET ADDRESS	5480 NE 22 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGRM
NAME	FRAZIER, NANCY W
STREET ADDRESS	5480 NE 22 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGRM
NAME	FRAZIER, STEVEN W
STREET ADDRESS	1487 NE 63 COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000678671
04/03/07-80006-024 50.00

**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: *Nancy W. Frazier*

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

Date

Daytime Phone #

3-21-07 954-267-9084