

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000037542</b>	
1. Entity Name TRITERRA, L.L.C.	
Principal Place of Business 2522 SE WILLOUGHBY BLVD STUART, FL 34994	Mailing Address 2522 SE WILLOUGHBY BLVD STUART, FL 34994



07312007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1026897	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MUELLER, LAWRENCE D  
2522 SE WILLOUGHBY BLVD  
STUART, FL 34994

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by September 14, 2007**

000000772156  
08/16/07-80003-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUELLER, LAWRENCE D 2522 SE WILLOUGHBY BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIS, BRENDA S 2 VIA LUCINDA SEWALL'S POINT, FL 34996
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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:**

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

Date

Daytime Phone #