

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 24, 2008 08:00 AM  
Secretary of State

DOCUMENT # L04000037542

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



04042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1026897

Applied For  
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MUELLER, LAWRENCE D  
STREET ADDRESS 2522 SE WILLOUGHBY BLVD  
CITY-ST-ZIP STUART, FL 34994

TITLE MGR  
NAME WILLIS, BRENDA S  
STREET ADDRESS 2 VIA LUCINDA  
CITY-ST-ZIP SEWALL'S POINT, FL 34996

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000918173  
05/13/08-80058-014 138.75

**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 #

4-22-08

1-772-485-2513