

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000038562



1. Entity Name

TRI-ANGLER, LLC

Principal Place of Business

20093 EAST PENNSYLVANIA AVE.
SUITE 4
DUNNELLON FL 34432
US

Mailing Address

P. O. DRAWER 2480
DUNNELLON FL 34430
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1444873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, ROBERT J
20093 EAST PENNSYLVANIA AVE.
SUITE 4
DUNNELLON FL 34432

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME REYNOLDS, ROBERT J
STREET ADDRESS 20093 EAST PENNSYLVANIA AVE., SUITE 4
CITY-ST-ZIP DUNNELLON FL 34432

TITLE ☐ Change ☐ Addition
NAME U000000615081
STREET ADDRESS 02/06/07-80058-001 50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME REYNOLDS, WILLIAM J
STREET ADDRESS 12082 WEKIWA CIRCLE
CITY-ST-ZIP DUNNELLON FL 34432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert J Reynolds MGRM

1/31/07

(352) 489-6290

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

Date

Daytime Phone #