

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000042490

1. Entity Name
TRIPLE J OIL, L.L.C.



Principal Place of Business
P.O. BOX 85
WEST PALM BEACH, FL 33402

Mailing Address
P.O. BOX 85
WEST PALM BEACH, FL 33402



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1213819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 S. FLAGLER DRIVE SUITE 1010
WEST PALM BEACH, FL 33401

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

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

U00000850988
03/25/08-80020-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNSON, SCOTT A
STREET ADDRESS P.O. BOX 85
CITY-ST-ZIP WEST PALM BEACH, FL 33402

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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

2/29/08
Date

Daytime Phone #