

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045740

Entity Name: TRIPLE A PRODUCTS, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7800 CONGRESS AVENUE  
SUITE 206  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

5 DAKOTA DR  
# 305  
LAKE SUCCESS, NY 11042

**New Mailing Address:**

1 HUNTINGTON QUAD  
STE 2S14  
MELVILLE, NY 11747

FEI Number: 20-1286830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALCALAY, AHARON  
7800 CONGRESS AVENUE  
SUITE 206  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALCALAY, AHARON  
Address: 7800 CONGRESS AVENUE, SUITE 206  
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM  
Name: ALCALAY, BEN-ZION  
Address: 7800 CONGRESS AVENUE, SUITE 206  
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM  
Name: ALCALAY, DAVID  
Address: 10958 EL PARAISO PL  
City-St-Zip: DELRAY BEACH, FL 33446 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: AHARON ALCALAY

MGRM

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date