

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 02, 2007 8:00 am
Secretary of State**

03-08-2007 90192 048 ****50.00

DOCUMENT # L04000070413

1. Entity Name
TRIPLE LOT, LLC



Principal Place of Business
**14770 NORMANDY BOULEVARD
JACKSONVILLE, FL 32234**

Mailing Address
**14770 NORMANDY BOULEVARD
JACKSONVILLE, FL 32234**

30003831



01192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1697584	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIFFIN, MICHAEL F
14770 NORMANDY BOULEVARD
JACKSONVILLE, FL 32234**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIFFIN, MICHAEL F 14770 NORMANDY BOULEVARD JACKSONVILLE, FL 32234
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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 609, Florida Statutes.

SIGNATURE: *DR. Griffin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/27/07 904-289-9331