2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90271 033 ***138.75

DOCUMENT # L04000070413

1. Entity Name
TRIPLE LOT, LLC

Principal Place of Business	Mailing Address
5903-1 SOLOMON RD. JACKSONVILLE, FL 32234	5903-1 SOLOMON RD. JACKSONVILLE, FL 32234

02142008 Chg-LLC CR2E083 (12/06)

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

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

7. Name and Address of New Registered Agent

Name: Griffin Michael F
Street Address (P.O. Box Number is Not Acceptable): 5903-1 Solomon Rd
City: Jacksonville **FL** Zip Code 32234

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

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIFFIN, MICHAEL F 14770 NORMANDY BOULEVARD JACKSONVILLE, FL 32234	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Griffin Michael F 5903-1 Solomon Rd Jacksonville FL 32234	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YWP PAID	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CK. NO. 1142 DATE 3-3-08	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: M.R. Griffin 3/3/08 904-289-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #