

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90243 010 ****55.00

DOCUMENT # L04000070694

1. Entity Name
TRIPLECHECK, LLC



Principal Place of Business
**7601 E. TREASURE DR. SUITE 15
NORTH BAY VILLAGE, FL 33141**

Mailing Address
**C/O VERONICA HAWTHORNE
342 LAKE JUNE RD.
LAKE PLACID, FL 33852**

20010239



2. Principal Place of Business
7601 East Treasure Drive

3. Mailing Address

Suite, Apt. #, etc.
CU 23

Suite, Apt. #, etc.

City & State
North Bay Village FL

City & State

Zip
33141

Country
USA

Zip

Country

02222006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1727806

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHOOLEY, ESQ., JAMES P
1635 N. BAYSHORE DR. # 104
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM-
HAWTHORNE, BRIAN
7601 E. TREASURE DR. SUITE 15
NORTH BAY VILLAGE, FL 33141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1535 Bay Drive
Miami Beach, FL 33141** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAWTHORNE, STEPHEN
342 LAKE JUNE RD.
LAKE PLACID, FL 33852** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAWTHORNE, VERONICA
342 LAKE JUNE RD.
LAKE PLACID, FL 33852** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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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: **Veronica L Hawthorne**

2/22/06

863-465-9999

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

Date

Daytime Phone #