

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089526

Entity Name: TRIPLE D FARM, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

1509 MARYLAND AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

2802 WHISPERWOOD LN
PANAMA CITY, FL 32405

Current Mailing Address:

1509 MARYLAND AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

2802 WHISPERWOOD LN
PANAMA CITY, FL 32405

FEI Number: 14-1918879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGLETARY, EMORY R III
1509 MARYLAND AVENUE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

LEWIS, JOHN W
2802 WHISPERWOOD LN
PANAMA CITY, FL 32405 US

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: JOHN W. LEWIS

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SINGLETARY, EMORY R III
Address: 1509 MARYLAND AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: LEWIS, JOHN W
Address: 2802 WHISPERWOOD LANE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWIS, JOHN W
Address: 2802 WHISPERWOOD LN
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN W. LEWIS

MR.

03/19/2009

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