

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90481 015 \*\*\*\*50.00

**DOCUMENT # L05000003383**

1. Entity Name  
**TRIPLE P PROPERTIES, LLC**



Principal Place of Business  
**731 WESLEY AVENUE  
TARPON SPRINGS, FL 34689**

Mailing Address  
**731 WESLEY AVENUE  
TARPON SPRINGS, FL 34689**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**76-0776304**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLLINKA, DAVID J  
2312 U.S. HIGHWAY 19  
HOLIDAY, FL 34691**

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME WILLIAMS, FLORINDA  
STREET ADDRESS 760 CHESAPEAKE DRIVE  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE MGR ☐ Delete  
NAME PAPPAS, NANCY P  
STREET ADDRESS 1648 SEABREEZE DRIVE  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE MGR ☐ Delete  
NAME PAPPAS, CONSTANCE M  
STREET ADDRESS 3926 SILHOUTTE LANE  
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **961 MANDALAY AVE**  
CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

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

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

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

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:**

*Florida P. Williams*

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

**3-1-07**

**727-931-1770**

Date

Daytime Phone #