## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # L05000011700  1. Entity Name TRIPLE "L", LLC					04-11-2006 90013 031 ****50.00					
Principal Place of Business 1900 S. HICKORY ST., STE. A MELBOURNE, FL 32901			Mailing Address 1900 S. HICKORY ST., STE. A MELBOURNE, FL 32901			AGREL GIUN OGEN GENIN GEN			1 <b>88</b> 1 fül <b>(88</b> 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt, #, etc.		Suite, Apt. #, etc.			04072006	Chg-LLC	CR2E	083 (11/05)		
City & State		City & State		4. FEI Numbe	ſ			oplied For ot Applicable		
Zip	Zip Country		Zip	Country			of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
LARKIN, DAVID G FALLACE & LARKIN, L.C.					s (P.O. Box Numbe	r is Not Acceptable	))			
	CKORY S	STREET, STE. A				-				
					City			FI	Zip Cod	8
	named entit	ty submits this statement for tered agent.	the purpose of changing its	register	ed office or regist	tered agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	l or printed name of regutered agent ar	nd title if applicable. (NOTE	E: Registere	d Agent signature requi	ired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006										
Fi D	iling Fee l ue by Ma	is \$50.00 y 1, 2006							payable to nent of State	<b>.</b>
9.	iling Fee ue by Ma	is \$50.00 y 1, 2006 Managing member	RS/MANAGERS	10.				Departr	nent of State	e
9.	MGRM	y 1, 2006  MANAGING MEMBEF	RS/MANAGERS	TITL	- 1		Florida	Departr	nent of State	Addition
9. TITLE NAME	MGRM LARKIN,	MANAGING MEMBER	☐ Delete	TITL	E		Florida	Departr	nent of State	
9.	MGRM LARKIN, 1900 S. H	MANAGING MEMBER  DAVID G HICKORY STREET, STE.	☐ Delete	TITLI NAM STRE	- 1		Florida	Departr	nent of State	
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT 200277736

## Fallace & Larkin, L.C.

Attorneys at Law

James H. Fallace e-mail: <u>Jim@fallace.com</u> www.fallace.com



1900 S. Hickory St. Ste. A Melbourne, Florida 32901 tel.: 321-951-9900

April 7, 2006

**CERTIFIED MAIL** RETURN RECEIPT REQUESTED: 7001 0360 0000 7416 6159

**Division of Corporations** PO Box 6478 Tallahassee, FL 32314

Re:

Triple "L", LLC

2006 Limited Liability Company Annual Report

Dear Sir/Madam:

Please find enclosed the 2006 Limited Liability Company Annual Report for Triple "L", LLC, as well as Check No. 1038 in the amount of \$50.00 to cover the filing fee.

If you have any questions, please do not hesitate to contact me.

Sincerely,

FALLACE & LARKIN, L.C.

David G. Larkin

David G. Larkin

DGL:sh **Enclosures**