


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-11-2006 90013 031 ****50.00

DOCUMENT # L05000011700	
1. Entity Name TRIPLE "L", LLC	

Principal Place of Business 1900 S. HICKORY ST., STE. A MELBOURNE, FL 32901	Mailing Address 1900 S. HICKORY ST., STE. A MELBOURNE, FL 32901
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent LARKIN, DAVID G FALLACE & LARKIN, L.C. 1900 S. HICKORY STREET, STE. A MELBOURNE, FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LARKIN, DAVID G 1900 S. HICKORY STREET, STE. A MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/11/06 321-951-9800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 20027770
#U050000011700
Fallace & Larkin, L.C.
Attorneys at Law

James H. Fallace
e-mail: Jim@fallace.com
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