

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000023349

**FILED**  
**Oct 11, 2011**  
**Secretary of State**

**Entity Name:** TRIPLEQUAD "LLC"

**Current Principal Place of Business:**

200 NE 2ND AVENUE  
301  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

1710 SW 2ND AVENUE  
BOCA RATON, FL 33432 US

**Current Mailing Address:**

200 NE 2ND AVENUE  
301  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

1710 SW 2ND AVE  
BOCA RATON, FL 33432 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERSLEY, NICOLE MGR  
200 NE 2ND AVENUE  
301  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

PERSLEY, NICOLE MGR  
1710 SW 2ND AVENUE  
BOCA RATON, FL 33432 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: NICOLE PERSLEY

10/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PERSLEY, NANCY K MGRM  
Address: 9200 TWIN OAKS DRIVE  
City-St-Zip: NOKESVILLE, VA 20181

I hereby 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: NICOLE PERSLEY

MM

10/11/2011

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