

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90018 029 ****50.00

DOCUMENT # L05000038850 1. Entity Name TRIUMPH, LLC					
Principal Place of Business 2200 N. FEDERAL HIGHWAY, #203 BOCA RATON, FL 33431			Mailing Address 2200 N. FEDERAL HIGHWAY, #203 BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2709822	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SULLIVAN, GREGORY M 2200 N. FEDERAL HIGHWAY, #203 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent 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: DATE: _____ Signature, typed or printed name of registered person and, if applicable, (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00- Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SULLIVAN, GREGORY M 2200 N. FEDERAL HIGHWAY, #203 BOCA RATON, FL 33431	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUTTILLO, DOMINIC A 2200 N. FEDERAL HIGHWAY, #203 BOCA RATON, FL 33431	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUTTILLO, DOMINIC A 2200 N. FEDERAL HIGHWAY, #203 BOCA RATON, FL 33431	☐ Delete			
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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 606, Florida Statutes.					
SIGNATURE: DATE: _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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