

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**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**



03262008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2709822**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, GREGORY M  
2200 N. FEDERAL HIGHWAY, #203  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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's signature required when transferring)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**U00000874549  
04/10/08-80122-011 138.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
SULLIVAN, GREGORY M  
2200 N. FEDERAL HIGHWAY, #203  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
MUTTILLO, DOMINIC A  
2200 N. FEDERAL HIGHWAY, #203  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

(Signature Page #)