

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90078 013 \*\*\*\*50.00

**DOCUMENT # L05000048825**

1. Entity Name  
**DOD-TRIPLE H, LLC**



Principal Place of Business  
**5641 RIVERSIDE DRIVE, SUITE 301  
CORAL SPRINGS FL 33067**

Mailing Address  
**5641 RIVERSIDE DRIVE, SUITE 301  
CORAL SPRINGS FL 33067**



2. Principal Place of Business

**3741 Old Tampa Hwy  
Suite, Apt. #, etc.  
Office**

City & State  
**LAKE LAND FL**

Zip  
**33811** County  
**POLK**

3. Mailing Address

**3741 Old Tampa Hwy  
Suite, Apt. #, etc.  
Office**

City & State  
**LAKE LAND FL**

Zip  
**33811** County  
**POLK**

2nd MOORE

CR2E083 (4/06)

4. FEI Number

**04-3815964**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, DONALD H. JR.  
245 SOUTH CENTRAL AVE.  
BARTOW FL 33830**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
WATSON, HAMILTON  
5641 RIVERSIDE DRIVE, SUITE 301  
CORAL SPRINGS FL 33067** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
JENNIE WATSON  
3741 OLD TAMPA HWY OFFICE  
LAKE LAND FLA 33811** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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: **Jennie Watson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**July 18/06 (954) 3046849**  
Date Daytime Phone #