

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L05000054986

1. Entity Name

TRIANGLE PROPERTY HOLDINGS, LLC



Principal Place of Business

**305 N. FT. HARRISON
CLEARWATER, FL 33755**

Mailing Address

**305 N. FT. HARRISON
CLEARWATER, FL 33755**

DO NOT WRITE IN THIS SPACE



03172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-2945979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENJAMIN, KUGLER
305 N. FT. HARRISON
CLEARWATER, FL 33756**

**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 signature required when reinstating)

DATE _____

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

U000000890765
04/22/08-80107-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENJAMIN, KUGLER 305 N. FT. HARRISON CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RON, POLLACK 305 N. FT. HARRISON CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

Daytime Phone #

4/4/08

727-224-1832