


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90268 016 \*\*\*138.75

|                                   |  |   |
|-----------------------------------|--|---|
| <b>DOCUMENT # L05000060578</b>    |  |  |
| 1. Entity Name<br>TRIPLE S-CM LLC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>5000 SKYLARK COURT<br>PENSACOLA, FL 32505 | Mailing Address<br>12304 WATERFALL CT.<br>JACKSONVILLE, FL 32225 |
|--|--|

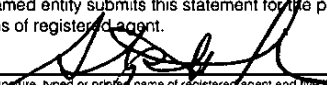
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|---|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>125 DAHLIA AVE</b> | 3. Mailing Address<br><b>125 DAHLIA AVE.</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                          |

|   |                             |  |
|---|-----------------------------|--|
| City & State<br><b>IMPERIAL BEACH, CA</b> | 4. FEI Number<br>59-3811041 | Applied For<br><input checked="" type="checkbox"/> Not Applicable                        |
| Zip<br><b>91932</b>                       | Country<br><b>USA.</b>      | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>TOBIAS, STEPHEN<br>12304 WATERFALL CT.<br>JACKSONVILLE, FL 32225 |  | 7. Name and Address of New Registered Agent<br>Name <b>STEPHEN TOBIAS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>125 DAHLIA AVE.</b><br><b>5000 SKYLARK CT.</b><br>City <b>IMPERIAL BEACH, CA</b> FL <b>91932</b> |  |
|---|--|--|--|

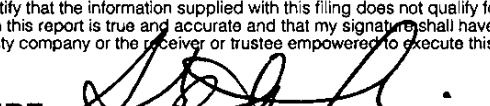
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **6 MAR 08.**

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TOBIAS, STEPHEN<br>12304 WATERFALL CT.<br>JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>125 DAHLIA AVE</b><br><b>IMPERIAL BEACH, CA 91932</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>STEWART, SHARON<br>7025 CALLE CABEZA DEVACA<br>NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FRILOUX, STEVEN<br>1072 CAMINO DEL SOL<br>CHULA VISTA, CA 91910 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MARTIN, CHRISTOPHER<br>3797 WESTWICH CT.<br>KENNESAW, GA 30152 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RODMAN, MICHAEL<br>22428 STATLER ST.<br>ST. CLAIR SHORES, MI 48081 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #