

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067239

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** TRIPLE E, LLC

**Current Principal Place of Business:**

4081 HALF MOON CIRCLE  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

4081 HALF MOON CIRCLE  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

**FEI Number:** 20-3112967      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

J. KEITH M. SANDS, P.A.  
4720 SALISBURY RD  
SUITE 56  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SARES, CAROLYN H  
**Address:** 4081 HALF MOON CIRCLE  
**City-St-Zip:** MIDDLEBURG, FL 32068 US

**Title:** MGRM  
**Name:** SARES, ROBERT T SR  
**Address:** 4081 HALF MOON CIRCLE  
**City-St-Zip:** MIDDLEBURG, FL 32068 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ROBERT T. SARES, SR.

MGRM

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date