

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095204

Entity Name: TRIPLE R-F, LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

255 MAGNOLIA AVENUE S.W.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1886  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 20-3551101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURNER, MARK G  
255 MAGNOLIA AVENUE S.W.  
WINTER HAVEN, FL 33880 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: MGRM  
Name: RICHERT, DWIGHT D  
Address: 255 MAGNOLIA AVENUE S.W.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM  
Name: RICHERT, HOLLY B  
Address: 255 MAGNOLIA AVENUE S.W.  
City-St-Zip: WINTER HAVEN, FL 33880

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: DWIGHT RICHERT

MGRM

01/05/2011

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