

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095204

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** TRIPLE R-F, LLC

**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:** MGR  
**Name:** RICHERT, DWIGHT D  
**Address:** 255 MAGNOLIA AVENUE S.W.  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** MGR  
**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 D. RICHERT

MGR

01/04/2012

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