2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# L06000004502

Entity Name: TRIPLE C AND C L.L.C.

Current Principal Place of Business:

1578 HYW 83
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

629 W BRAHMS DR
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

1578 HWY 83
DEFUNIAK SPRINGS, FL 32433 US

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

Name and Address of Current Registered Agent:

FIREMAN, CARL
629 W BRAHMS DR
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

HOLUB, ALDYNE
59 NINA ST
DEFUNIAK SPRINGS, FL 32433 US

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: CARL FIREMAN POA FOR ALDYNE HOLUB 02/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: OWNE ( ) Delete
Name: TRIPLE C AND C,
Address: 1578 HWY 83
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: MGRM ( ) Delete
Name: HOLUB, ALDYNE
Address: 59 NINA STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CARL FIREMAN POA FOR ALDYNE HOLUB MGR 02/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date