


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 OCT 16 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000016743			
1. Entity Name TRIPLE L, LLC			
Principal Place of Business 5775 FAIRBANKS FERRY ROAD HAVANA, FL 32333		Mailing Address 5775 FAIRBANKS FERRY ROAD HAVANA, FL 32333	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10082007 REIN-LLC CR2E101 (1/07)

4. FEI Number
EIN 20 4318729

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KING, KIMBERLY L C/O HAYWARD & GRANT, P.A. 2121-G KILLARNEY WAY TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name Glenn Lillibridge Street Address (P.O. Box Number is Not Acceptable) 5775 FAIRBANKS FERRY RD. City HAVANA FL Zip Code 32333	
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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 Glenn Lillibridge DATE 10-8-07
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LILLIBRIDGE, GLENN 5775 FAIRBANKS FERRY ROAD HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200110695132 10/11/07--01033--001 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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: Glenn Lillibridge DATE 10-8-07 539-5717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE