

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018781

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** TRIPLE R WELL & PUMP "LC"

**Current Principal Place of Business:**

8733 BATES RD.  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

16370 NW 258TH ST  
OKEECHOBEE, FL 34972 US

**Current Mailing Address:**

8733 BATES RD.  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

16370 NW 258TH ST  
OKEECHOBEE, FL 34972 US

**FEI Number:** 11-3776467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROOKE, RONALD  
8733 BATES RD.  
PALM BEACH GARDENS, FL 33418 US

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

BROOKE, RONALD  
16370 NW 258TH ST  
OKEECHOBEE, FL 34972 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: RONALD BROOKE

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROOKE, RONALD  
Address: 16370 NW 258TH ST  
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: MGR  
Name: BROOKE, RYAN  
Address: 12189 COLONY AVE.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR  
Name: BROOKE, RANDY  
Address: 12189 COLONY AVE.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: RONALDBROOKE

MGRM

04/19/2011

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