

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90140 009 ***138.75

DOCUMENT # L06000024143 1. Entity Name TRIPLE D SATELLITE SERVICES LLC																											
Principal Place of Business 3227 NE 13 CT CAPE CORAL, FL 33909 US		Mailing Address 3227 NE 13 CT CAPE CORAL, FL 33909 US																									
2. Principal Place of Business - No P.O. Box # 4395 Hancock Bridge Pkwy		3. Mailing Address 4395 Hancock Bridge Pkwy																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State N. Fort Myers FL		City & State N. Fort Myers FL																									
Zip 33903		Zip 33903																									
Country 		Country 																									
4. FEI Number 20-4473009		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent CAICEDO, DANIEL P 3227 NE 13 CT CAPE CORAL, FL 33909		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3490 MALABROTTA CIRCLE City CAPE CORAL FL Zip Code 33909																									
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 CAICEDO, DANIEL P. 02/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR CAICEDO, DANIEL P 3227 NE 13 CT CAPE CORAL, FL 33909 <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAICEDO, DANIEL P 3227 NE 13 CT CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR CAICEDO, DANIEL P. 3490 MALABROTTA CIRCLE CAPE CORAL FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> MGR CAICEDO, JENNY 3490 MALABROTTA CIRCLE CAPE CORAL FL 33909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAICEDO, DANIEL P. 3490 MALABROTTA CIRCLE CAPE CORAL FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAICEDO, JENNY 3490 MALABROTTA CIRCLE CAPE CORAL FL 33909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: CAICEDO, DANIEL P. 02/18/08 (339) 791-7154 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																											

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02182008 Chg-LLC CR2E083 (12/06)