
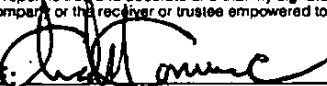


FILED
Apr 04, 2007 8:00 am
Secretary of State

03-20-2007 90141 020 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

3/

DOCUMENT # L06000025792			
1. Entity Name TRIPLE C, LLC			
Principal Place of Business 6175 N.E. 60TH STREET SILVER SPRINGS, FL 34488		Mailing Address 6175 N.E. 60TH STREET SILVER SPRINGS, FL 34488	
2. Principal Place of Business - No P.O. Box # 6175 NE 60th St.		3. Mailing Address 6175 NE 60th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SILVER SPRINGS, FL		City & State SILVER SPRINGS, FL	
Zip 34488		Country USA	
4. FEI Number 01092007		Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONVERSE, CHAD 6175 N.E. 60TH STREET SILVER SPRINGS, FL 34488		7. Name and Address of New Registered Agent Name CHAD CONVERSE Street Address (P.O. Box Number is Not Acceptable) 6175 NE 60th St. City SILVER SPRINGS FL Zip Code 34488	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT CHAD CONVERSE 6175 NE 60th St. SILVER SPRINGS, FL 34488		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		CHAD M CONVERSE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 2/15/07 (352) 266-8276	