

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000031359

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** TRIPLE NICKEL LLC

**Current Principal Place of Business:**

7562 SW JACK JAMES DRIVE  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

7562 SW JACK JAMES DRIVE  
STUART, FL 34997 US

**New Mailing Address:**

**FEI Number:** 20-4571774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORGENTHALER, JENNIFER  
9329 SE MYSTIC COVE TERRACE  
HOBE SOUND, FL 33455 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MORGENTHALER, JOHN  
**Address:** 9329 SE MYSTIC COVE TERRACE  
**City-St-Zip:** HOBE SOUND, FL 33455 US

**Title:** MGRM  
**Name:** MORGENTHALER, JENNIFER  
**Address:** 9329 SE MYSTIC COVE TERRACE  
**City-St-Zip:** HOBE SOUND, FL 33455 US

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:** JOHN MORGENTHALER

MGR

02/04/2010

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