

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034763

FILED
Apr 16, 2009
Secretary of State

Entity Name: TRIPLE T, L.C.

Current Principal Place of Business:

1150 ALBRIGHT RD
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1150 ALBRIGHT RD
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-4625716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWELL, DENNIS K
1150 ALBRIGHT RD
SANFORD, FL 32771 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 () Delete
Name: TOWELL, MATTHEW A
Address: 1150 ALBRIGHT RD
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: TOWELL, TRAVIS D
Address: 1150 ALBRIGHT RD
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: TOWELL, DENNIS K
Address: 1150 ALBRIGHT RD
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: COREY, BEAMAN L
Address: 1150 ALBRIGHT RD
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DENNIS K TOWELL

MGRM

04/16/2009

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