

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L06000035884

1. Entity Name
TRIPLE L, LLC



Principal Place of Business
6090 AKRON AVE., N.W.
CANAL FULTON, OH 44614

Mailing Address
PO BOX 641
CANAL FULTON, OH 44614



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BDB AGENT CO.
5355 TOWN CENTER ROAD, SUITE 900
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LINDSAY, LINDA
STREET ADDRESS	6090 AKRON AVE., N.W.
CITY-ST-ZIP	CANAL FULTON, OH 44614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/08-80085-002-138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

Linda Lindsay Linda Lindsay 4-10-08 (330) 854.4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #