


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # L06000066871 1. Entity Name TRIPLE TAILS, LLC	
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Principal Place of Business 2413 HWY. C-30 PORT ST. JOE, FL 32456	Mailing Address 2220 HWY C30 PORT ST. JOE, FL 32456
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DO NOT WRITE IN THIS SPACE



02102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1285372	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

**SPEARS, DONNA D
6335 HWY C-30
PORT ST. JOE, FL 32456**

**DO NOT WRITE
IN THIS SPACE**

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 *Donna Spears* **DONNA SPEARS MGR** 2-19-08
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR SPEARS, DONNA D 6335 HWY C-30 PORT ST. JOE, FL 32456
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02/28/08-80003-016 138.75

**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 *Donna Spears* **DONNA SPEARS** 2-19-08 850-527-7623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #