

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066871

Entity Name: TRIPLE TAILS, LLC

FILED  
May 12, 2009  
Secretary of State

**Current Principal Place of Business:**

2413 HWY. C-30  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

2220 HWY C30  
PORT ST. JOE, FL 32456

**New Mailing Address:**

FEI Number: 65-1285372      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SPEARS, DONNA D  
6335 HWY C-30  
PORT ST. JOE, FL 32456      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:            MGR            ( ) Delete  
Name:            SPEARS, DONNA D  
Address:        6335 HWY C-30  
City-St-Zip:    PORT ST. JOE, FL 32456

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            SPEARS, DONNA D  
Address:        2220 HWY C30  
City-St-Zip:    PORT ST. JOE, FL 32456

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: DONNA SPEARS

OWNE

05/12/2009

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