

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000066871

**Entity Name:** TRIPLE TAILS, LLC

**FILED**  
**Apr 28, 2010**  
**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 ( )**

**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:**

SPEARS, DONNA D  
2220 HWY C-30  
PORT ST. JOE, FL 32456 US

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

04/28/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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: DONNA SPEARS

MGRM

04/28/2010

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