

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112983

Entity Name: TRIPLE T SERVICE, LLC

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 701297
ST. CLOUD, FL 34770 US

New Principal Place of Business:

6949 BIG BEND DR.
ST. CLOUD, FL 34771 US

Current Mailing Address:

6949 BIG BEND DR.
SAINT CLOUD, FL 34771 US

New Mailing Address:

P.O. BOX 701297
SAINT CLOUD, FL 34770 US

FEI Number: 38-3746990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRAMLETT, KRISTIE
6949 BIG BEND DR.
SAINT CLOUD, FL 34771 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: BRAMLETT, JEREMY
Address: 6949 BIG BEND DR.
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: MGRM () Delete
Name: BRAMLETT, KRISTIE
Address: 6949 BIG BEND DR.
City-St-Zip: SAINT CLOUD, FL 34771 US

ADDITIONS/CHANGES:

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 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: KRISTIE BRAMLETT

MGRM

02/07/2007

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