

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000116737

1. Entity Name
TRIPPLE J CONSTRUCTION LLC



Principal Place of Business
1778 DAX CT
TALLAHASSEE, FL 32308

Mailing Address
1778 DAX CT
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #
5605 S.W Co Rd 14
Suite, Apt. #, etc.

3. Mailing Address
5605 S.W Co Rd 14
Suite, Apt. #, etc.

City & State
Madison Florida
Zip Country
32340 Madison

City & State
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Zip Country
32340 Madison

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEAD, JAMERSON
1778 DAX CT
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME FEAD, JAMESON
STREET ADDRESS 1778 DAX CT
CITY-ST-ZIP TALLAHASSEE, FL 32308

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CITY-ST-ZIP

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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-07

Date Daytime Phone #