

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90095 031 ***138.75

DOCUMENT # L06000122124

1. Entity Name

TRIPLE PLAY DYNASTY, LLC



Principal Place of Business

1400 COMPUTER DRIVE, SUITE 300
WESTBOROUGH, MA 01581

Mailing Address

1400 COMPUTER DRIVE, SUITE 300
WESTBOROUGH, MA 01581

60004944



01172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8095627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803

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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 _____

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 MGR
NAME POITRAS, JAMES W
STREET ADDRESS 1400 COMPUTER DRIVE, SUITE 300
CITY-ST-ZIP WESTBOROUGH, MA 01581

TITLE MGR
NAME POITRAS, EDWARD W
STREET ADDRESS 1400 COMPUTER DRIVE, SUITE 300
CITY-ST-ZIP WESTBOROUGH, MA 01581

TITLE MGR
NAME POITRAS, KAY
STREET ADDRESS 1400 COMPUTER DRIVE, SUITE 300
CITY-ST-ZIP WESTBOROUGH, MA 01581

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #