

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016293

Entity Name: HUPP TRIPLE D INDUSTRIAL, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

635 COURT STREET
SUITE 201
CLEARWATER, FL 33756

Current Mailing Address:

907 S. FT. HARRISON AVE., SUITE 102
CLEARWATER, FL 33756

New Principal Place of Business:

907 S. FT. HARRISON AVENUE
SUITE 102
CLEARWATER, FL 33756

New Mailing Address:

907 S. FT. HARRISON AVENUE
SUITE 102
CLEARWATER, FL 33756

FEI Number: 20-8482199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUPP, ANDREW J
907 S. FT. HARRISON AVE., SUITE 102
CLEARWATER, FL 33756 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: HUPP, ANDREW
Address: 907 S. FT. HARRISON AVE., SUITE 102
City-St-Zip: CLEARWATER, FL 33756

Title: MGR () Delete
Name: BRACIAK, BRETT A
Address: 800 ISLAND WAY
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUPP, ANDREW J
Address: 907 S. FT. HARRISON AVE., SUITE 102
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW J. HUPP

MGR

04/15/2009

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