

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051482

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** TRI-PEN, L.L.C.

**Current Principal Place of Business:**

7589 HIGHWAY 98 WEST  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

7589 HIGHWAY 98 WEST  
PENSACOLA, FL 32506

**New Mailing Address:**

**FEI Number:** 20-8982842

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

BOCCANFUSO, ANTHONY R  
7589 HIGHWAY 98 WEST  
PENSACOLA, FL 32506 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: BOCCANFUSO, ANTHONY R  
Address: 7589 HIGHWAY 98 WEST  
City-St-Zip: PENSACOLA, FL 32506

Title: MGRM ( ) Delete  
Name: DAVIS, SPENCER  
Address: 7589 HIGHWAY 98 WEST  
City-St-Zip: PENSACOLA, FL 32506

**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 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: SPENCER L. DAVIS

MGRM

04/29/2009

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