

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055113

FILED
Jun 15, 2009
Secretary of State

Entity Name: TRIPLE FIVE CAPITAL GROUP LLC

Current Principal Place of Business:

3675 N. COUNTRY CLUB DRIVE #PH1
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3675 N. COUNTRY CLUB DRIVE #PH1
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

CASTILLO, KRISTY MS.
3625 N COUNTRY CLUB DRIVE
709
AVENTURA, FL 33180 US

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: KRISTY CASTILLO

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DININ, HARVEY
Address: 2675 OCEAN AVENUE
City-St-Zip: BROOKLYN, NY 11229 US

Title: MGRM () Delete
Name: DK CAPITAL LLC
Address: 3675 N. COUNTRY CLUB DRIVE #PH1
City-St-Zip: AVENTURA, FL 33180 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 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: DAVID GALAPO

MGRM

06/15/2009

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