


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90072 016 ***143.75

DOCUMENT # L07000068532

1. Entity Name
TRIANGLE RESOLUTIONS, LLC



Principal Place of Business
**10014 PARL PLACE AVE.
 RIVERVIEW, F 33569 US**

Mailing Address
**10014 PARL PLACE AVE.
 RIVERVIEW, F 33569 US**

00007933

2. Principal Place of Business - No P.O. Box #
10014 PARK PLACE AVE.

3. Mailing Address
10014 PARK PLACE AVE.

Suite, Apt. #, etc.



06192008 Chg-LLC CR2E083 (12/06)

City & State
RIVERVIEW, FL

City & State
RIVERVIEW, FL

Zip
33578

Country
US

Zip
33578

Country
US

4. FEI Number
26-0449498

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**THE LAW OFFICES OF NICK SPRADLIN, PLLC
 4001 WEST HENRY AVENUE
 SUITE 306
 TAMPA, FL 33614**

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

7. Name and Address of New Registered Agent

Name
THE LAW OFFICES OF NICK SPRADLIN, PLLC

Street Address (P.O. Box Number is Not Acceptable)
12000 N. DALE MABRY HWY, SUITE 110

City
TAMPA

FL

Zip Code
33618

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 *Nick Spradlin* **NICK SPRADLIN** **6/21/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DYE, DAMON W 1000 S. FEDERAL HIGHWAY SUITE 106 FT. LAUDERDALE, FL 33316 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DYE, DAMON W 10014 PARK PLACE AVE. RIVERVIEW, FL 33578 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Damon W Dye* **DAMON W DYE** **06.30.08** **813.714.6107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #