

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070065

Entity Name: D TRIPLE C HOLDINGS LLC

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

133 NORTH SCHOOL RD.
BOX 100
OAKVILLE, MB R0H 0Y0 CA

New Principal Place of Business:

Current Mailing Address:

133 NORTH SCHOOL RD.
BOX 100
OAKVILLE, MB R0H 0Y0 CA

New Mailing Address:

FEI Number: 98-0549346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMPTON, CONSTANCE R MGRM
18675 US HWY 19 N
LOT 385
CLEARWATER, FL 33764 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: CRAMPTON, DALE H
Address: 18675 US HWY 19 N, LOT 385
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGRM () Delete
Name: CRAMPTON, CONSTANCE R
Address: 18675 US HWY 19N, LOT 385
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGRM (X) Delete
Name: CRAMPTON, CHRISTOPHER D
Address: 133 NORTH SCHOOL RD. BOX 100
City-St-Zip: OAKVILLE, MB R0H 0Y0 CA

ADDITIONS/CHANGES:

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

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: CONSTANCE CRAMPTON

MGRM

03/09/2009

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