2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State
01-28-2008 90068 034 ***138.75

30001244

DOCUMENT # L07000111730

1. Entity Name
TRIPLE HEADER, LLC

Principal Place of Business	Mailing Address
2231 DOSTER DR. NEW SMYRNA BEACH, FL 32168	2231 DOSTER DR. NEW SMYRNA BEACH, FL 32168

01242008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 26-1405394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID DUNCAN, BERNIE
2231 DOSTER DR.
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID DUNCAN, BERNIE 2231 DOSTER DRIVE NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNIE DUNCAN, DAVID 2231 DOSTER DRIVE NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 3009244
#L070001114730

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call

( ) -

DATE OF THIS NOTICE: 11-14-2007
EMPLOYER IDENTIFICATION NUMBER: 26-1405394
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

TRIPLE HEADER L.L.C
BERNIE DAVID DUNCAN MBR
2231 LOSTER DR
NEW SMYRNA, FL 32168

P.02

Nov-14-07 13:18 407 679 8957