

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111730

Entity Name: TRIPLE HEADER, LLC

FILED  
Jul 22, 2009  
Secretary of State

**Current Principal Place of Business:**

2231 DOSTER DR.  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

2231 DOSTER DR.  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 26-1405394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVID DUNCAN, BERNIE  
Address: 2231 DOSTER DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM ( ) Delete  
Name: BERNIE DUNCAN, DAVID  
Address: 2231 DOSTER DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**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: DUNCAN, BERNIE, DAVID

MGRM

07/22/2009

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