

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000113752

FILED
Mar 02, 2009
Secretary of State**Entity Name:** TRIPLE PALM HOLDINGS, LLC**Current Principal Place of Business:**2839 SW 24TH AVENUE
CAPE CORAL, FL 33914 US**New Principal Place of Business:****Current Mailing Address:**2839 SW 24TH AVENUE
CAPE CORAL, FL 33914 US**New Mailing Address:****FEI Number:** 00-0113752 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CATHEY, LISA
2839 SW 24TH AVENUE
CAPE CORAL, FL 33914 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: CATHEY, LISA
Address: 2839 SW 24TH AVENUE
City-St-Zip: FORT MYERS, FL 33914 US**Title:** MGRM () Delete
Name: CATHEY, JEFFREY
Address: 2839 SW 24TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: GOTTESMAN, OREN
Address: 12278 COUNTRY DAY CIR
City-St-Zip: FORT MYERS, FL 33913 US**Title:** MGRM () Change (X) Addition
Name: CATHEY, JEFFREY
Address: 2839 SW 24TH AVE
City-St-Zip: CAPE CORAL, FL 33914 US**Title:** MGRM () Change (X) Addition
Name: GOTTESMAN, LISA
Address: 12278 COUNTRY DAY CIR
City-St-Zip: FORT MYERS, FL 33913 US

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: LISA CATHEY

LC

03/02/2009

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