

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026399

FILED
May 01, 2009
Secretary of State

Entity Name: TRIPLE D ENTERPRISES OF ORANGE COUNTY, LLC

Current Principal Place of Business:

1040 ARLINGTON STREET
ORLANDO, FL 32805

New Principal Place of Business:

1173 NORTH ORANGE AVENUE
ORLANDO, FL 32804

Current Mailing Address:

1040 ARLINGTON STREET
ORLANDO, FL 32805

New Mailing Address:

1173 NORTH ORANGE AVENUE
ORLANDO, FL 32804

FEI Number: 26-2710077 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:

DVORAK, RICHARD
1040 ARLINGTON STREET
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

DVORAK, RICHARD
1173 NORTH ORANGE AVENUE
ORLANDO, FL 32804 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DVORAK, RICHARD J
Address: 610 GENIUS DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Change (X) Addition
Name: DVORAK, ELIZABETH A
Address: 610 GENIUS DRIVE
City-St-Zip: WINTER PARK, FL 32789

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: RICHARD J DVORAK

MGRM

05/01/2009

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