

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000055490

**FILED**  
**Feb 06, 2009**  
**Secretary of State**

**Entity Name:** TRIPLE STAR CONSIGNMENT AND WHOLESale, L.L.C.

**Current Principal Place of Business:**

479 US HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

479 US HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

**FEI Number:** 80-0194900      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ARBAN, REBEKAH  
601 STILLWATER RD  
FREEPORT, FL 32439      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: ARBAN, REBEKAH  
Address: 601 STILLWATER RD  
City-St-Zip: FREEPORT, FL 32439

Title: MGR      ( ) Delete  
Name: HURST, JANET  
Address: PO BOX 231  
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGR      ( ) Delete  
Name: HURST, JENNIFER  
Address: 1296 LIBERTY LANE  
City-St-Zip: PONCE DE LEON, FL 32455

**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: REBEKAH ARBAN

MS.

02/06/2009

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