

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037293

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** TRIPLE S OF ALTAMONTE SPRINGS, LLC

**Current Principal Place of Business:**

302 HERMITS TRAIL  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 150302  
ALTAMONTE SPRINGS, FL 327150302

**New Mailing Address:**

PO BOX 150302  
ALTAMONTE SPRINGS, FL 327150302 US

**FEI Number:** 26-4751077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILDER, CHARLES D ESQ.  
159 LOOKOUT PLACE, SUITE 101  
MAITLAND, FL 32751 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:** MGR  
**Name:** WOLFRAM, STEPHEN W  
**Address:** 302 HERMITS TRAIL  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** MGR  
**Name:** WOLFRAM, SHARRON B  
**Address:** 302 HERMITS TRAIL  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

I hereby 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:** STEPHEN W WOLFRAM

PRES

01/26/2011

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