

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012618

Entity Name: GHOSTZAPPER LLC

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

15045 NW 141ST CT  
WILLISTON, FL 32696

## **New Principal Place of Business:**

15045 NW 141ST COURT  
WILLISTON, FL 32696 US

## **Current Mailing Address:**

15045 NW 141ST CT  
WILLISTON, FL 32696

## **New Mailing Address:**

15045 NW 141ST COURT  
WILLISTON, FL 32696 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ROBERTS, MARK  
15045 NW 141ST CT  
WILLISTON, FL 32696 US

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

ROBERTS, MARK  
15045 NW 141ST COURT  
WILLISTON, FL 32696 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: MARK ROBERTS

02/25/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TRIPLE BELL HOLDINGS LIMITED PARTNERSHIP  
Address: 15045 NW 141ST COURT  
City-St-Zip: WILLISTON, FL 32696 US

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: TRIPLE BELL HOLDINGS LIMITED PARTNERSHIP

MGR

02/25/2011

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