

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000062653

FILED
Jan 15, 2011
Secretary of State

Entity Name: TRIPLETT FAMILY LLC

Current Principal Place of Business:

2630 NW 41ST STREET
SUITE B
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2630 NW 41ST STREET
SUITE B
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 65-0470964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPLETT, THOMAS E JR
2630 NW 41ST STREET
SUITE B
GAINESVILLE, FL 32606 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
Name: TRIPLETT, THOMAS E JR
Address: 2630-B NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM
Name: WILSON, MERRY LYNNE
Address: 2630-B NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM
Name: ALLEN, KATHERINE D
Address: 2630-B NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM
Name: SEGALL, JOY T
Address: 179 LONG LAKE ROAD
City-St-Zip: HAWTHORNE, FL 32640

Title: MGRM
Name: TRIPLETT, GAY J
Address: 187 LONG LAKE ROAD
City-St-Zip: HAWTHORNE, FL 32640

Title: MGRM
Name: TRIPLETT, GLEE A
Address: 981 FAIRFIELD DRIVE
City-St-Zip: MARIETTA, GA 30068

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: MERRY LYNNE WILSON MGRM 01/15/2011

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