

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000059792

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** TRIPLE THREAT BAIT, LLC

**Current Principal Place of Business:**

220 CAPRI BLVD.  
UNIT 4  
NAPLES, FL 34113

**New Principal Place of Business:**

140 CAPRI BOULEVARD  
NAPLES, FL 34113

**Current Mailing Address:**

4001 TAMIAMI TRAIL NORTH  
SUITE 250  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 45-2507015      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRAKEFIELD, LENORE T  
4001 TAMIAMI TRAIL NORTH  
SUITE 250  
NAPLES, FL 34103 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:** TOMEI, CHRISTOPHER G  
**Address:** 140 CAPRI BOULEVARD  
**City-St-Zip:** NAPLES, FL 34113

**Title:** MGRM  
**Name:** BRAKEFIELD, LENORE T  
**Address:** 140 CAPRI BOULEVARD  
**City-St-Zip:** NAPLES, FL 34113

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: LENORE T. BRAKEFIELD      MGRM      01/03/2012

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