FILED
Mar 27, 2008 08:00 AM
Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L94000000353

1. Entity Name
TRIAD PLANT CO., L.C.

Principal Place of Business	Mailing Address
8839 S 155 ST DELRAY BEACH, FL 33446	C/O BLAKESBERG & CO 951 SW 4TH AVE. BOCA RATON, FL 33432-5803

DO NOT WRITE IN THIS SPACE

03172008No Chg-LLC CR2E083 (12/07)

4. FEI Number
65-0506707
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FEIDMAN, ELLYN
4566 SAINT ANDREWS DRIVE
BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE
(If changing registered office or registered agent, or both, a signature of registered agent is required in addition to that of the manager, member or officer.)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FEIDMAN, ELLYN
STREET ADDRESS	4566 SAINT ANDREWS DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000871337
04/09/08-80126-020 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 605 Florida Statutes.

SIGNATURE: _____ 3/17/08 5616374444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Telephone Number