

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L94000000353

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

**FILED**  
**Feb 05, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

8839 S 155 ST  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLAKESBERG & CO  
951 SW 4TH AVE.  
BOCA RATON, FL 334325803

**New Mailing Address:**

FEI Number: 65-0506707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEIDMAN, ELLYN  
4566 SAINT ANDREWS DRIVE  
BOYNTON BEACH, FL 33436 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 ( ) Delete  
Name: FELDMAN, ELLYN  
Address: 4566 SAINT ANDREWS DR.  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ELLYN FELDMAN

MGRM

02/05/2009

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