

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 30 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L9800000 2645.**

1. Entity Name
TRITON, LLC

Principal Place of Business Mailing Address

2. Principal Place of Business **25 OLD MISSION AVE**
Suite, Apt. #, etc.

3. Mailing Address
City & State **ST. AUGUSTINE, FL**
City & State
Zip **32084** Country **USA**

4. FEI Number **59-3546081**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GEORGE M. McCLURE, Esq
81 KING STREET
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent
Name **C. KELLY SMITH**
Street Address (P.O. Box Number is Not Acceptable)
25 OLD MISSION AVE.
City **ST. AUGUSTINE FL** Zip Code **32084**

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.
MGAM C. Kelly Smith **C. KELLY SMITH 5/25/00**
SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
MICHAEL J. HEFFERON MGRM
25 OLD MISSION AVE.
ST. AUGUSTINE, FL 32084
C. KELLY SMITH MGRM
25 OLD MISSION AVE.
ST. AUGUSTINE, FL 32084
DARUV MUCHHALA ☒ Delete
4700 US 1 NORTH
ST AUGUSTINE, FL 32095

10. ADDITIONS/CHANGES
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
400003293164--0
-06/16/00--01004--023
*******50.00 *****50.00**
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: **C. Kelly Smith** **C. KELLY SMITH** **5/25/00** **(904) 808-9977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

003 11/1999