

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90150 032 ****50.00

DOCUMENT # L99000002039

1. Entity Name
TRITON HOLDING COMPANY, L.L.C.



Principal Place of Business
4460-1 CAMINO REAL WAY
FORT MYERS, FL 33912

Mailing Address
4460-1 CAMINO REAL WAY
FORT MYERS, FL 33912

60019869



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
65-0923950

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BENSON, RODNEY E
4460-1 CAMINO REAL WAY
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS BENSON, RODNEY E
CITY-ST-ZIP 3116 RIVER GROVE CIRCLE
FORT MYERS, FL 33905 ☐ Delete

TITLE
NAME TRITON Holding Company LLC ☒ Change ☐ Addition
STREET ADDRESS 4460-1 CAMINO REAL WAY
CITY-ST-ZIP Fort Myers, FL 33966

TITLE
NAME MGRM
STREET ADDRESS MURTAGH, LYNN R
CITY-ST-ZIP 4466 KESTREL CIRCLE
FORT MYERS, FL 33912 ☐ Delete

TITLE
NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS MURTAGH, LYNN R
CITY-ST-ZIP 4460-1 CAMINO REAL WAY
FORT MYERS, FL 33966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lynn Murtagh

2/26/07

239 936 3005