

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001628

Entity Name: TRIPLE TEE, L.L.C

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

600 NORTH DRIVE  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

600 NORTH DRIVE  
MELBOURNE, FL 32934

**New Mailing Address:**

FEI Number: 51-0364417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAMARO, MICHAEL C  
206 LANSING ISLAND DR.  
INDIAN HARBOUR BEACH, FL 32937 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: MEMB  
Name: CRAMARO, MICHAEL C  
Address: 206 LANSING ISLAND DR.  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: MEMB  
Name: FEITLER, DAVID  
Address: 132 MATHESON DRIVE  
City-St-Zip: MARLBOROUGH, MA 01752 US

Title: MEMB  
Name: CRAMARO, MARTIN  
Address: 29 LOCHSIDE DRIVE  
City-St-Zip: STONEY CREEK, ON L8E 5T6 CN

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: MICHAEL C CRAMARO

MEMB

01/25/2011

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