

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035884

**Entity Name:** TRIPLE L, LLC

**Current Principal Place of Business:**

6090 AKRON AVE., N.W.  
CANAL FULTON, OH 44614

**Current Mailing Address:**

PO BOX 641  
CANAL FULTON, OH 44614

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LINDSAY, ROLAND CJR  
1922 N.W. 133 RD TERRACE  
GAINESVILLE, FL 32606 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name LINDSAY, LINDA  
Address 6090 AKRON AVE., N.W.  
City-State-Zip: CANAL FULTON OH 44614

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA L LINDSAY

**MANAGING MEMBER**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date