

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000062653

FILED
Jan 11, 2015
Secretary of State
CC9383406076

Entity Name: TRIPLETT FAMILY LLC

Current Principal Place of Business:

2630 NW 41ST STREET
SUITE B
GAINESVILLE, FL 32606

Current Mailing Address:

2630 NW 41ST STREET
SUITE B
GAINESVILLE, FL 32606

FEI Number: 65-0470964

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIPLETT, THOMAS E JR.
2630 NW 41ST STREET
SUITE B
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: THOMAS E. TRIPLETT, JR.

01/11/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name TRIPLETT, THOMAS E JR.
Address 2630 NW 41ST STREET
SUITE B
City-State-Zip: GAINESVILLE FL 32606

Title MGRM
Name WILSON, MERRY LYNNE
Address 2630-B NW 41ST STREET
City-State-Zip: GAINESVILLE FL 32606

Title MGRM
Name ALLEN, KATHERINE D
Address 2630-B NW 41ST STREET
City-State-Zip: GAINESVILLE FL 32606

Title MGRM
Name SEGALL, JOY T
Address 179 LONG LAKE ROAD
City-State-Zip: HAWTHORNE FL 32640

Title MGRM
Name TRIPLETT, GAY J
Address 187 LONG LAKE ROAD
City-State-Zip: HAWTHORNE FL 32640

Title MGRM
Name TRIPLETT, GLEE A
Address 981 FAIRFIELD DRIVE
City-State-Zip: MARIETTA GA 30068

Title AUTHORIZED MEMBER
Name GRIFFIN, KAREN E
Address 10047 SW 91ST AVENUE
City-State-Zip: GAINESVILLE FL 32608

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: MERRY LYNNE WILSON

MANAGING MEMBER

01/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date