

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000062653

**Entity Name:** TRIPLETT FAMILY LLC

**Current Principal Place of Business:**

189 LONG LAKE RD  
HAWTHORNE, FL 32606

**Current Mailing Address:**

189 LONG LAKE RD  
HAWTHORNE, FL 32606 US

**FEI Number:** 65-0470964

**Certificate of Status Desired:** No

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

TRIPLETT, LINDA F  
189 LONG LAKE RD  
HAWTHORNE, 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:** LINDA F TRIPLETT

06/09/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title MBR  
Name TRIPLETT, LINDA F  
Address 189 LONG LAKE RD  
City-State-Zip: HAWTHORNE FL 32640

*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 F TRIPLETT

MBR MGR

06/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date