

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000037553

**Entity Name:** TRIPLE-DUET HOLDINGS LLC

**Current Principal Place of Business:**

44 KATHLEEN TRL  
PALM COAST, FL 32164

**Current Mailing Address:**

44 KATHLEEN TRL  
PALM COAST, FL 32164

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WECKMANN, BETTY JO  
44 KATHLEEN TRL  
PALM COAST, FL 32164 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 MGR  
Name WECKMANN, BETTY JO  
Address 44 KATHLEEN TRL  
City-State-Zip: PALM COAST FL 32164

Title MGRM  
Name WECKMANN, PETER J  
Address 44 KATHLEEN TRL  
City-State-Zip: PALM COAST FL 32164

Title MGRM  
Name WECKMANN II, PETER J  
Address 1326 S HOPKINS AVE  
City-State-Zip: TITUSVILLE FL 32780

*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:** BETTY JO WECKMANN

MGR

04/11/2018

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

\_\_\_\_\_  
Date