

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000024866

Entity Name: TRIPLE BREEZE, LLC**Current Principal Place of Business:**618 BELLE ISLE AVE
BELLEAIR BEACH, FL 33786**Current Mailing Address:**618 BELLE ISLE AVE.
BELLEAIR BEACH, FL 33786 US**FEI Number:** 81-5420654**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAGNON, CHAD E
300 BEACH DRIVE
APT. 302
ST. PETERSBURG, FL 33701 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:** CHAD E GAGNON

03/16/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	GAGNON, CHAD E
Address	300 BEACH DRIVE APT. 302
City-State-Zip:	ST. PETERSBURG FL 33701

Title	MANAGER
Name	GAGNON, CHRISTINE L
Address	618 BELLE ISLE AVE
City-State-Zip:	BELLEAIR BEACH FL 33786

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: CHRISTINE L GAGNON

MANAGER

03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date