

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000100523

FILED
Dec 05, 2009
Secretary of State**Entity Name:** BIBBITEC, LLC**Current Principal Place of Business:**11900 BISCAYNE BOULEVARD
SUITE 280
MIAMI, FL 33181**New Principal Place of Business:**12555 BISCAYNE BLVD
SUITE 714
MIAMI, FL 33181**Current Mailing Address:**11900 BISCAYNE BOULEVARD
SUITE 280
MIAMI, FL 33181**New Mailing Address:**12555 BISCAYNE BLVD
SUITE 714
MIAMI, FL 33181**FEI Number:** 26-3602973**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAT REGISTERED AGENTS, LLC
11900 BISCAYNE BOULEVARD
SUITE 280
MIAMI, FL 33181 US**Name and Address of New Registered Agent:**

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**MANAGING MEMBERS/MANAGERS:****Title:** MGR () Delete
Name: TAYLOR, SUSANNE
Address: 11900 BISCAYNE BOULEVARD, SUITE 280
City-St-Zip: MIAMI, FL 33181**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: TAYLOR, SUSANNE
Address: 12555 BISCAYNE BOULEVARD, SUITE 714
City-St-Zip: MIAMI, FL 33181**Title:** MGR () Change (X) Addition
Name: TAYLOR, STEPHEN A
Address: 12555 BISCAYNE BOULEVARD, SUITE 714
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHEN A. TAYLOR

MGR

12/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date