

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013005

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC9611705309**

**Entity Name:** BIB, LLC

**Current Principal Place of Business:**

2050 JAMAICA WAY  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

2050 JAMAICA WAY  
PUNTA GORDA, FL 33950

**FEI Number:** 81-0610539

**Certificate of Status Desired:** No

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

MCATEE, KAREN G  
2050 JAMAICA WAY  
PUNTA GORDA, FL 33950 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 MGRM  
Name MCATEE, DAVID  
Address 2050 JAMAICA WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title MGRM  
Name MCATEE, KAREN MCATEE  
Address 2050 JAMAICA WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title MGRM  
Name QUINN, JAMES  
Address 1101 RUM CAY CT  
City-State-Zip: PUNTA GORDA FL 33950

Title MGRM  
Name OKOMSKI, CHARLENE  
Address 1101 RUM CAY CT  
City-State-Zip: PUNTA GORDA FL 33950

Title MGRM  
Name GUARINO, MAUREEN  
Address 3968 CROOKED ISLAND DR.  
City-State-Zip: PUNTA GORDA FL 33950

Title MGRM  
Name GUARINO, JOHN  
Address 3968 CROOKED ISLAND DR.  
City-State-Zip: PUNTA GORDA FL 33950

*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:** KAREN MCATEE

**MANAGER**

**02/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date