## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000040653

Entity Name: CIBU OFFICE SUPPLIER LLC

**Current Principal Place of Business:** 

**406 CANAL STREET** 

NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:** 

**406 CANAL STREET** 

NEW SMYRNA BEACH. FL 32168 US

FEI Number: 46-2337047 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JILEK, TOM R 406 CANAL STREET NEW SMYRNA BEACH, FL 32168 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.

Title

**MGRM** 

**MEMBER** 

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Jan 25, 2016

**Secretary of State** 

CC9996752728

Authorized Person(s) Detail:

Title MGRM

Name JILEK, TOM R Name JILEK, MARY E

Address 801 ASHTON LAKES BLVD Address 801 ASHTON LAKES BLVD
City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: MARY E JILEK

01/25/2016 Date