

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008471

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** TABB LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

333 S. STATE ROAD 415  
OSTEEN, FL 32764

**New Principal Place of Business:**

**Current Mailing Address:**

333 S. STATE ROAD 415  
OSTEEN, FL 32764

**New Mailing Address:**

**FEI Number:** 59-3686230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHIGHAM, FRANK C  
1001 HEATHROW PARK LANE  
SUITE 4001  
LAKE MARY, FL 32746 US

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

TABB, TIMOTHY M  
333 S SR 415  
OSTEEN, FL 32764 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: TIMOTHY M TABB

04/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TABB, TERRY K  
Address: 690 LEMON BLUFF ROAD  
City-St-Zip: OSTEEN, FL 32764

Title: MGRM  
Name: TABB, TIMOTHY M  
Address: 490 CLARK HILL ROAD  
City-St-Zip: OSTEEN, FL 32764

I hereby 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: TIMOTHY M TABB

MGRM

04/09/2010

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