

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008471

**FILED**  
**Apr 28, 2011**  
**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 (X)**

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

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

04/28/2011

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