

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-27-2002 90086 026 ***150.00

DOCUMENT # L01000011090

1. Entity Name
LIB/DOT, LLC

Principal Place of Business
**242 ALCANARRA STREET, N.W.
 PALM BAY FL 32907**

Mailing Address
**242 ALCANARRA STREET, N.W.
 PALM BAY FL 32907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3737604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALLACE, JAMES H
 FALLACE & LARKIN, LLC
 1900 S. HICKORY STREET, STE. A
 MELBOURNE FL 32901**

Name **FALLACE, JAMES H**
 Street Address (P.O. Box Number is Not Acceptable)

242 ALCANTARRA ST NW

City **PALM PALM FL** Zip Code **32907**

8. 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 *Michael B. Crews Sr* **MICHAEL B. CREWS SR** **02-16-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **SECRETARY** NAME **MICHAEL B. CREWS SR** ☐ Delete
 STREET ADDRESS **242 ALCANTARRA ST NW**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE NAME **SECRETARY** ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT** NAME **REBECCA B. CREWS** ☐ Delete
 STREET ADDRESS **242 ALCANTARRA ST NW**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE NAME **PRESIDENT** ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 *Michael B. Crews Sr* **MICHAEL B. CREWS SR** **02-16-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)