## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE!

## Mar 02, 2005 08:00 AM Secretary of State DOCUMENT # L01000011090 1. Entity Name LIB/DOT, LLC Mailing Address Principal Place of Business 242 ALCANTARRA ST NW PALM BAY FL 32907 242 ALCANTARRA ST NW PALM BAY FL 32907 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 59-3737604 Not Applicab! Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FALLACE, JAMES H Street Address (P.O. Box Number is Not Acceptable) 242 ALCANTARRA ST NW PALM PALM FL 32907 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10, 9, TITLE Change Addition THLE MGR Delete NAME CREWS, MICHAEL B SR NAME STREET ADDRESS 242 ALCANTARRA ST NW STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 000000249065 \_\_\_ Change MGR ☐ Delete THEF Addition Till E 03/02/05-80056-010 50.00 NAME CREWS, REBECCA B NAME STREET ADDRESS 242 ALCANTARRA ST NW STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ■ Add%iq TITLE 🔲 Delete TIFLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Deiele TUTEF ☐ Change Addite HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZE CITY-ST-ZIP ☐ Change Additio ☐ Delete TITLE DELE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEE ☐ Delete THE Change Addition NAME NAME SUBSELLADDRESS STREET ADDRESS C-TY - ST- ZIP 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)(i), 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.

**FILED** 

7-29-2605 32/729035/