
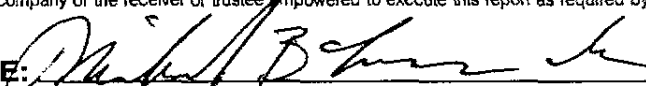


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000011090		
1. Entity Name LIB/DOT, LLC		
Principal Place of Business 242 ALCANTARRA ST NW PALM BAY, FL 32907	Mailing Address 242 ALCANTARRA ST NW PALM BAY, FL 32907	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FALLACE, JAMES H 242 ALCANTARRA ST NW PALM PALM, FL 32907		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREWS, MICHAEL B SR 242 ALCANTARRA ST NW PALM BAY, FL 32907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREWS, REBECCA B 242 ALCANTARRA ST NW PALM BAY, FL 32907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 1-30-2006 <small>Daytime Phone #</small>



01302006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3737604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

1100000413737
02/11/06-00007-025 50.00