

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004143

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** OTB, LLC

**Current Principal Place of Business:**

4005 BAY OAKS CIRCLE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2145  
ENGLEWOOD, FL 34295

**New Mailing Address:**

**FEI Number:** 73-1630406      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SHIFFLETT, MYRTLE  
3202 BAYVIEW CT.  
ST. CLOUD, FL 34772      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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SHIFFLETT, DONNA C  
**Address:** 4005 BAY OAKS CIRCLE  
**City-St-Zip:** ENGLEWOOD, FL 34223

**Title:** MGRM  
**Name:** SHIFFLETT, MYRTLE  
**Address:** 3202 BAYVIEW CT.  
**City-St-Zip:** ST. CLOUD, FL 34772

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:** DONNA SHIFFLETT

MGR

05/03/2010

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