

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90174 029 ***138.75

DOCUMENT # L03000000947

1. Entity Name
TIBBITS LAND LLC



Principal Place of Business
**7818 U.S. HIGHWAY 301 SOUTH
RIVERVIEW, FL 33569**

Mailing Address
**7818 U.S. HIGHWAY 301 SOUTH
RIVERVIEW, FL 33569**



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0910318

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LASMAN, JEFFREY M
LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET
RIVERVIEW, FL 33569**

Douglas B. Tibbits
*7818 U.S. Highway 301 S.
Riverview, FL 33578*

**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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

3-26-08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TIBBITS, DOUGLAS B
7818 U.S. HIGHWAY 301 SOUTH
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TIBBITS, KATHLEEN O
7818 U.S. HIGHWAY 301 SOUTH
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-28-06

Date

Daytime Phone #