

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**L03000031926**

DOCUMENT # **L03000031926**

1. Entity Name

**LB Investments, LLC**



BK

**FILED**

07 MAY -1 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**23 Limpkin Court**

Suite, Apt. #, etc.

3. Mailing Address

**23 Limpkin Court**

Suite, Apt. #, etc.

City & State

**Crawfordville, FL**

City & State

**Crawfordville, FL**

Zip

**32327**

Country

**USA**

Zip

Country

4. FEI Number

**20-0186591**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

CR2E083B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

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7. Name and Address of Current Registered Agent

Name **John Lentz V11**

Street Address (P.O. Box Number is Not Acceptable)

**23 Limpkin Court**

City **Crawfordville**

**FL**

Zip Code

**32327**

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, typed or printed name of registered agent and title if applicable

DATE

**5/1/07**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
Lentz, John W  
23 Limpkin Court  
Crawfordville, FL 32327**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**700101968867  
05/09/07--01043--012 \*\*50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
Barwick, G. Parrish  
2421 Shaderville Rd  
Crawfordville FL 32327**

TITLE  
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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.

SIGNATURE:

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

Date

Daytime Phone #

**LB Investments, LLC**

**5/1/07 850 778 6620**