

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-11-2008 90174 030 \*\*\*138.75

**DOCUMENT # L04000048228**

1. Entity Name  
**TIBBITS ENTERPRISES, 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**

**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**51-0447474**

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 ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33569**

**DOUGLAS B. TIBBITS  
7818 U.S. HWY. 301 S.  
RIVERVIEW  
FL. 33569**

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

(NOTE: Registered Agent signature required when renewing)

DATE

**3-26-08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$338.75**

**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

Date

Daytime Phone #

**3-26-08**