

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061170

Entity Name: LMB HOSTING, LLC

FILED
Jun 04, 2006
Secretary of State

Current Principal Place of Business:

2117 KORYAK CT
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

2117 KORYAK CT
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 20-1504045 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:

LEONARD, BILL
958 VINERIDGE RUN
APT 106
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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 () Delete
Name: LEONARD, BILL
Address: 958 VINERIDGE RUN APT 106
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR () Delete
Name: BUXTON, SCOTT
Address: 2117 KORYAK CT.
City-St-Zip: APOPKA, FL 32712 US

Title: MGR () Delete
Name: MYERS, KENNETH
Address: 302 OAK PARK PLACE
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SCOTT BUXTON

MGR

06/04/2006

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