2006 LIMITED LIABILITY COMPÁNY ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90034 009 ****50.00

1. Entity Nam	DOCUMENT # L04000077763 1. Entity Name CADLIBONLINE, LLC							04-10-20	06 90034 ()09 ****5(0.00
Principal Place of Business Mailing Address 1140 ANDERSON ST CLERMONT, FL 34711 CLERMONT, FL 34711									.· ·		
2. Principal Place of Bysiness 3. Mailing Address											
Sylle, Apt. #, etc.			PO 90x 121550 Suite, Apt. #, etc.				01042006	Chg-LLC	CR2E	083 (11/05)	
Clermont FL			City & State (18 Mout AL				4. FEI Numb	oer		Ar	plied For
Zip 3.c(Country	Zip 34-)1 <u>L</u>	Country	ilce	1	e of Status Desir	ed [\$5.00 Add	
		and Address of Current	Registered Ager	nt			7. Name an	d Address of N	ew Registered		
HANS, BENTZON							tank I bentzon				
1140 AND	ERSON S		Street Address			roet Address	(P.O. Box Number is Not Acceptable)				
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			10 %		Cit	. Clec	mond		FL	- I J L	าแ
8. The above the obligati	named entit	y submits this statement f tered agent.	or helpurpose of o	changing its	registered of	fice or registe	ered agent, or be	oth, in the State	of Florida. I am	familiar with,	and accept
SIGNATURE .	Signature typed	for printed name of registered agen	1 and the delivery of the	ITOM	F Registered Area	of except up con ure	ed when reinstating)		4/40		
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11. I hereby of indicated limited lia	certify that the on this repo bility compa	ne information supplied with ort is true and accurate and only or the receiver or truste	h this filinbi does n d that my signature ee einborkeried to e	ot qualify for e shall have execute this	r the exemption the same legal report as requ	ons contained al effect as if uired by Chap	f in Chapter 119 made under oal pter 608, Florida	i, Florida Statute h; that am a m Statutes.	s. I further certi anaging memb	fy that the info per or manage	rmation er of the
SIGNAT	URE:	AND TYPED OR PRINTED NAME	OF RIGHT MANAGENCE	NEMBER MAI	NAGER OR AUTH	ORIZED REPRES	SENTATIVE	P JQ U	<u> </u>	Daytime Phone #	