

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000023299

Entity Name: TIB, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

515 LAKESHORE DR.  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 LAKESHORE DR.  
LEESBURG, FL 34748 US

**New Mailing Address:**

FEI Number: 20-2472566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLISON, BRIDGES  
515 LAKESHORE DRIVE  
LEESBURG, FL 34748 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: MGRM  
Name: ICAZA, ORLANDO J M.D.  
Address: 5716 CRESTVIEW DRIVE  
City-St-Zip: LADY LAKE, FL 32159

Title: MGRM  
Name: BRIDGES, CLIFTON L JR, MD  
Address: 515 LAKESHORE DR.  
City-St-Zip: LEESBURG, FL 34748

Title: MGR  
Name: BRIDGES, ALLISON S  
Address: 515 LAKESHORE DRIVE  
City-St-Zip: LEESBURG, FL 34748

I hereby 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: ALLISON S. BRIDGES

MGMR

01/04/2012

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