

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000108846

Entity Name: LTL BIT LLC

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1590 ISLAND LANE  
SUITE 26  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

1590 ISLAND LANE  
SUITE 26  
ORANGE PARK, FL 32003

**New Mailing Address:**

FEI Number: 20-4596982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, WILLIAM L JR.  
1590 ISLAND LANE  
SUITE 26  
ORANGE PARK, FL 32003 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: HASTINGS, ANGUS S  
Address: 17188 N E 45TH AVE. RD.  
City-St-Zip: CITRA, FL 32113

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: ANGUS S. HASTINGS

MGRM

01/25/2010

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