

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

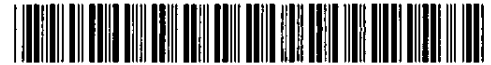
DOCUMENT # L06000020245

1. Entity Name
LBS.LLC



Principal Place of Business
4105 W. CAYUGA STREET
TAMPA, FL 33614 US

Mailing Address
435 MIRABAY BOULEVARD
APOLLO BEACH, FL 33572 US



02222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0138787

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, DAVID A
608 WEST HORATIO STREET
TAMPA, FL 33606

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LILLY, JEFFREY R
STREET ADDRESS 435 MIRABAY BOULEVARD
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE MGRM
NAME BRAUNER, RICHARD
STREET ADDRESS 350 S. DUKELAND STREET
CITY-ST-ZIP BALTIMORE, MD 21233

TITLE MGRM
NAME SANTORO, JOHN
STREET ADDRESS 4604 COZZO DRIVE
CITY-ST-ZIP LAND O'LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000841624
03/10/08-80018-013 138.75

**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

MGRM

2/25/08

Date

410 9778906

Daytime Phone #