

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049791

FILED
Feb 18, 2009
Secretary of State

Entity Name: LLIEB LIMITED CO.

Current Principal Place of Business:

2901 TRUMAN BLVD
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 1823
SANFORD, FL 32772

New Mailing Address:

FEI Number: 20-4648921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOWAY, LORRAINE
2901 TRUMAN BLVD.
SANFORD, FL 32771 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: HOLLOWAY, LORRAINE
Address: 2901 TRUMAN BLVD.
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: HOLLOWAY, LATAUSHA
Address: PO BOX 1823
City-St-Zip: SANFORD, FL 32772

Title: MGR () Delete
Name: HOLLOWAY, BRUCE W
Address: PO BOX 1823
City-St-Zip: SANFORD, FL 32772

Title: MGR () Delete
Name: GLENN, IESHA
Address: PO BOX 1823
City-St-Zip: SANFORD, FL 32772

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: LORRAINE HOLLOWAY

MGR

02/18/2009

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