

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086886

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** CIBU OFFICE SUPPLY, LLC

**Current Principal Place of Business:**

406 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

406 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 11-3789091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLWANGER, PATRICIA L  
4649 GOLDEN APPLES TRL  
PORT ORANGE, FL 32129 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:** ELLWANGER, RICHARD C  
**Address:** 4649 GOLDEN APPLES TRAIL  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** MGRM  
**Name:** ELLWANGER, PATRICIA L  
**Address:** 4649 GOLDEN APPLES TRAIL  
**City-St-Zip:** PORT ORANGE, FL 32129

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:** PATRICIA L. ELLWANGER

MGR

02/06/2012

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