

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2008 8:00 am
Secretary of State

05-08-2008 90103 015 ***138.75

DOCUMENT # L06000121562

1. Entity Name
LIEBEL HOLDINGS, LLC



Principal Place of Business
**7812 DESOTO MEMORIAL HIGHWAY
BRADENTON, FL 34209**

Mailing Address
**7812 DESOTO MEMORIAL HIGHWAY
BRADENTON, FL 34209**

30008862



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number **20-8087304** Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIEBEL, STEVE
7812 DESOTO MEMORIAL HWY
BRADENTON, FL 34209**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 letter if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/3/08

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Manager Member
SE + AS Liebel Ltd. Partnership
7812 Desoto Memorial Hwy
Bradenton, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Manager Member
Scott Liebel
1675 Landings Lane
Sarasota, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Manager Member
Mark Liebel
1110 Palma Sola Blvd
Bradenton, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/3/08

Date

Daytime Phone #