2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L07000041564

Entity Name: TABB, LLC

Current Principal Place of Business:

330 NORTH ANDREWS AVE
2ND FLOOR
FT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

330 NORTH ANDREWS AVE
2ND FLOOR
FT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 20-8866463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, RICHARD J
330 NORTH ANDREWS AVE
2ND FLOOR
FT LAUDERDALE, FL 33301 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:	D	( ) Delete
Name:	ALLEN, RICHARD J	
Address:	330 NORTH ANDREWS AVE 2ND FLOOR	
City-St-Zip:	FT LAUDERDALE, FL 33301 US	
Title:	D	( ) Delete
Name:	ALLEN, GEORGE JR	
Address:	330 N ANDREWS AVE 2ND FLOOR	
City-St-Zip:	FT LAUDERDALE, FL 33301 US	
Title:	D	( ) Delete
Name:	ALLEN, FREDERICK G	
Address:	330 N ANDREWS AVE 2ND FLOOR	
City-St-Zip:	FT LAUDERDALE, FL 33301 US	

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:	

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: RICHARD ALLEN D 04/14/2009

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