


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90020 029 \*\*\*138.75

<b>DOCUMENT # L07000069989</b> 1. Entity Name <b>LB GAS COMPANY, LLC</b>					
Principal Place of Business <b>10311 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135</b>			Mailing Address <b>10311 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135</b>		
2. Principal Place of Business - No P.O. Box # <b>10311 Bonita Beach Rd., SE</b>		3. Mailing Address <b>10311 Bonita Beach Rd., SE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Bonita Springs, FL</b>		City & State <b>Bonita Springs, FL</b>		4. FEI Number <b>26-0481406</b>	
Zip <b>34135</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TUNGWONGSATHONG, THIDARAT 10311 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u><i>V. L. G.</i></u> <b>Mgr.</b> <span style="float: right;">01/14/2008</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR TUNGWONGSATHONG, THIDARAT 10311 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u><i>V. L. G.</i></u> <b>Mgr.</b> <span style="float: right;">01/14/2008 239-992-7942</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**60002496**

