

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098756

Entity Name: GABS TIE BANDING LLC

FILED
Jul 10, 2009
Secretary of State

Current Principal Place of Business:

8546 SE. 164TH CT.
LAKE BUTLER, FL 32054 US

New Principal Place of Business:

Current Mailing Address:

8546 SE. 164TH CT.
LAKE BUTLER, FL 32054 US

New Mailing Address:

FEI Number: 26-3574942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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 () Delete
Name: FRANZLUEBBERS, AMBER
Address: 8546 SE. 164TH CT.
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: MGRM () Delete
Name: FRANZLUEBBERS, BRIAN
Address: 8546 SE. 164TH CT.
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: MGRM () Delete
Name: FRANZLUEBBERS, GARY
Address: 8546 SE. 164TH CT.
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: MGRM () Delete
Name: FRANZLUEBBERS, SHERYL
Address: 8546 SE. 164TH CT.
City-St-Zip: LAKE BUTLER, FL 32054 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRANZLUEBBERS, AMBER L
Address: 8546 SE. 164TH CT.
City-St-Zip: LAKE BUTLER, FL 32054 US

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

Title: MGRM (X) Change () Addition
Name: FRANZLUEBBERS, GARY
Address: 8546 SE. 164TH CT.
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: MGRM (X) Change () Addition
Name: FRANZLUEBBERS, SHERYL K MGRM
Address: 8546 SE. 164TH CT.
City-St-Zip: LAKE BUTLER, FL 32054 US

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: SHERYL FRANZLUEBBERS

MGRM

07/10/2009

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