

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001488

1. Entity Name
LTBB MARKETING, LLC



Principal Place of Business

4150 S. LAPEER RD
ORION, MI 48359

Mailing Address

4150 S. LAPEER RD
ORION, MI 48359

DO NOT WRITE IN THIS SPACE



02252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
38-3519690

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSCH, GARY
60 OCEAN BLVD SUITE 5
ATLANTIC BEACH, FL 32233

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BUSCH, GARY 60 OCEAN BLVD SUITE 5 ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BEENEN, GREG 60 OCEAN BLVD SUITE 5 ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LYMTAL INTERNATIONAL, INC. 4150 S. LAPEER RD. ORION, MI 48359
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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03/19/05-80034-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/17/05