

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90153 027 ****50.00

DOCUMENT # M06000001314

1. Entity Name
LIEBLER HOLDINGS, LLC



Principal Place of Business
**970 SOUTH MULRENNAN RD
VALRICO, FL 33594**

Mailing Address
**970 SOUTH MULRENNAN RD
VALRICO, FL 33594**

60004724



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1569477

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEILMAN, JOHN W. ESQ.
410 S. WARE BLVD.
SUITE 1100
TAMPA, FL 33619
*950 S Mulrennan Rd
Valrico, FL 33594*

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LIEBLER, KAREN A
970 SOUTH MULRENNAN RD
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LIEBLER, GREG
970 SOUTH MULRENNAN RD
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Karen A Liebler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/16/07
Date

Daytime Phone #