

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000051391

**Entity Name:** LABO LLC

**Current Principal Place of Business:**

8970 LELY ISLAND CIRCLE  
NAPLES, FL 34113

**Current Mailing Address:**

8970 LELY ISLAND CIRCLE  
NAPLES, FL 34113

**FEI Number:** 20-2893344

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LANGEBEEKE, PETER  
8970 LELY ISLAND CIRCLE  
NAPLES, FL 34113 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name LANGEBEEKE, PETER MR  
Address 8970 LELY ISLAND CR  
City-State-Zip: NAPLES FL 34113

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER LANGEBEEKE

**MANAGER**

**02/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date