

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000035964

**FILED  
Apr 30, 2013  
Secretary of State  
CC7105328450**

**Entity Name:** LAB, LLC

**Current Principal Place of Business:**

5351 BUTTONWOOD DR.  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

P O BOX 937  
PORT RICHEY, FL 34673 US

**FEI Number:** 20-8780756

**Certificate of Status Desired:** No

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

BENNETT, WILLIAM B  
5351 BUTTONWOOD DR.  
NEW PORT RICHEY, FL 34652 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 MGRM  
Name BENNETT, WILLIAM B  
Address 5351 BUTTONWOOD DR.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title MGRM  
Name O'BRIEN, MICHAEL A  
Address 8031 NE HWY 19  
City-State-Zip: CRYSTAL RIVER FL 34429

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM BENNETT

**MGRM**

**04/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date