

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2006 08:00 A.
Secretary of State

DOCUMENT # L01000004256

1. Entity Name
GAUTIER & HASTY, P.L.



Principal Place of Business
**370 MINORCA AVE.
SUITE 21, THE LAW CENTER
CORAL GABLES, FL 33134**

Mailing Address
**370 MINORCA AVE.
SUITE 21, THE LAW CENTER
CORAL GABLES, FL 33134**



04252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084340

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAUTIER, WILLIAM
370 MINORCA AVE
#21
CORAL GABLES, FL 33134**

**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 **WILLIAM GAUTIER (PARTNER)**

4/27/06

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, 2006**

000000562360
05/19/06-80050-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HASTY, MARIAN L
370 MINORCA AVE.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GAUTIER, WILLIAM L
370 MINORCA AVE.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GAUTIER, WILLIAM L JR.
370 MINORCA AVE.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GAUTIER, JOHN W
370 MINORCA AVE.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Brian Hasty**

4/27/06

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

Date

Daytime Phone #