

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90094 020 ****50.00

DOCUMENT # L03000014810					
1. Entity Name GIL, GARDEN, NORMAN, SPENCER & MCKERNAN, LLC					
Principal Place of Business 900 INGRAHAM BUILDING, 25 SE SECOND AVE. MIAMI, FL 33131			Mailing Address 900 INGRAHAM BUILDING, 25 SE SECOND AVE. MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 16-1669328				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAJ WALD BIONDO & MORENO,P.A. 900 INGRAHAM BUILDING, 25 SE SECOND AVE MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIL, FRANK 10689 N. KENDALL DR., SUITE 208 MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDEN, JOSEPH A 10689 N. KENDALL DR., SUITE 208 MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORMAN SPENCER, MCKERNAN AGENCY, INC. 10689 N. KENDALL DR., SUITE 208 MIAMI, FL 33176	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIL, FRANK 10689 N. KENDALL DR., SUITE 208 MIAMI, FL 33176	☐ Delete			
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: <i>Joseph A. Garden</i> 01-17-05 305 630-4777					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					