2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000014810

1. Entity Name
GIL GARDEN AVETRANI INSURANCE GROUP, LLC

Principal Place of Business	Mailing Address
10689 N KENDALL DR 208 MIAMI, FL 33176	10689 N KENDALL DR 208 MIAMI, FL 33176

01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

MURAI WALD BIONDO MORENNO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL 33134

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GIL, FRANK
STREET ADDRESS	10689 N. KENDALL DR., SUITE 208
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGRM
NAME	GARDEN, JOSEPH A
STREET ADDRESS	10689 N. KENDALL DR., SUITE 208
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000785958
01/17/08-80021-016 138.75

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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: _____ 1-4-08 305 279-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #