

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012347

Entity Name: RANDY GALLIHER, LLC

FILED  
Sep 05, 2006  
Secretary of State

**Current Principal Place of Business:**

11306 LOUISA MAY WAY  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

7006 SPRING LEAF ST  
SAN ANTONIO, TX 78249 US

**Current Mailing Address:**

11306 LOUISA MAY WAY  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

7006 SPRING LEAF ST  
SAN ANTONIO, TX 78249 US

FEI Number: 20-0745266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GALLIHER, RANDALL V  
11306 LOUISA MAY WAY  
RIVERVIEW, FL 33569 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GALLIHER, RANDALL V  
Address: 11306 LOUISA MAY WAY  
City-St-Zip: RIVERVIEW, FL 33569 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GALLIHER, RANDALL V  
Address: 7006 SPRING LEAF ST  
City-St-Zip: SAN ANTONIO, TX 78249 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: RANDALL GALLIHER

MGRM

09/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date