


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000014562

1. Entity Name
GAMACHE CONSTRUCTION, LLC



Principal Place of Business Mailing Address

1010 SW 29TH ST 1531 NE 2ND ST.
 Ocala, FL 34474 Ocala, FL 34470

DO NOT WRITE IN THIS SPACE



02122008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 42-1622906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAMACHE, FRANCIS W
 1531 NE 2ND ST.
 Ocala, FL 34470

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAMACHE, FRANCIS W
STREET ADDRESS	1531 NE 2ND ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	MGRM
NAME	GAMACHE, JOYCE
STREET ADDRESS	1531 NE 2ND ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	MGRM
NAME	GAMACHE, JOHN
STREET ADDRESS	1531 NE 2ND ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000825644
 02/21/08-80018-009 138.75

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: *Joyce Gamache* **Joyce Gamache** 2/12/08 3528675757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #