

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014562

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: GAMACHE CONSTRUCTION, LLC

**Current Principal Place of Business:**

1010 SW 29TH ST  
OCALA, FL 34474

**New Principal Place of Business:**

1010 SW 29TH ST  
OCALA, FL 34471

**Current Mailing Address:**

1531 NE 2ND ST.  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 42-1622906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAMACHE, FRANCIS W  
1531 NE 2ND ST.  
OCALA, FL 34470 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: GAMACHE, FRANCIS W  
Address: 1531 NE 2ND ST.  
City-St-Zip: Ocala, FL 34470

Title: MGRM ( ) Delete  
Name: GAMACHE, JOYCE  
Address: 1531 NE 2ND ST.  
City-St-Zip: Ocala, FL 34470

Title: MGRM ( ) Delete  
Name: GAMACHE, JOHN  
Address: 1531 NE 2ND ST.  
City-St-Zip: Ocala, FL 34470

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOYCE GAMACHE

MGRM

02/12/2009

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