

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000123147

1. Entity Name
GOBELMAN, LOVE, GAVIN, WASILENKO & BROUGHAN,
L.L.C.



Principal Place of Business
815 SOUTH MAIN STREET
SUITE 300
JACKSONVILLE, FL 32207

Mailing Address
815 SOUTH MAIN STREET
SUITE 300
JACKSONVILLE, FL 32207



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2875940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WESTBROOK, HELEN K
815 SOUTH MAIN STREET
SUITE 300
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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

000000882665
04/22/08-80022-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GOBELMAN, ROBERT C
STREET ADDRESS 1596 LANCASTER TERRACE UNIT 6A
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE MGRM
NAME LOVE, MARY BLAND
STREET ADDRESS 1596 LANCASTER TERRACE UNIT 6A
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE MGRM
NAME GAVIN, KRISTY J
STREET ADDRESS 3760 RUBIN ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE MGRM
NAME WASILENKO, RONALD S.
STREET ADDRESS 527 BLUE GRASS CT.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE MGRM
NAME BROUGHAN, CRYSTAL T
STREET ADDRESS 9023 TIMBERLINE LAKE ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/07/2008 904/393-9007

Date

Daytime Phone #