## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT #L00000000845

## FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90374 015 \*\*\*\*50.00

1. Entity Nam GASFOR										
Principal Place of Business 12330 SW 53RD ST STE 702 COOPER CITY, FL 33330 US			Mailing Address 12330 SW 53RD ST STE 702 COOPER CITY, FL 33330 US				60038986			
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Mailing Address		·- <u></u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302007	Chg-LLC	CR2E0	83 (12/06)			
City & State		City & State			4. FEI Numb	-		<del>                                      </del>	plied For t Applicable	
Zip		Country	Zip	Coun	iry		e of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current I	Registered Agent			7. Name and	d Address of New R	egistered /	Agent	
MORRISO	N TIMOTI	⊔∨			Name					
MORRISON, TIMOTHY 2620 WESTON ROAD WESTON, FL 33331			Street Address (		s (P.O. Box Numb	er is Not Acceptable	9)			
	*.,.	· .			City				Zip Cod	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			'			FL	.   '	
8. The above the obligati	named entity lions of registe	submits this statement for ered agent.	the purpose of changing its	registere	ed office or regis	stered agent, or bo	oth, in the State of Flo	orida. 1 am 1	amiliar with,	and accept
SIGNATURE .	Signature, typed o	or printed name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signature requ	ured when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007								e check p	ayable to ent of State	
							, , , , ,	opa		
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/		<del></del>	
TITLE	MGRM		RS/MANAGERS	10.	E				☐ Change	. Addition
TITLE	MAUMEN	E CORPORATION	<del></del>	litle NAM	E				☐ Change	
NAME STREET ADDRESS	MAUMENE 12330 SW	E CORPORATION 53RD ST STE 702	<del></del>	litle Nam Stre	ET ADDRESS				☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	MAUMENE 12330 SW COOPER	E CORPORATION	□ Delole	IIILE NAM STRE CIPY	EET ADDRESS -ST-ZIP					. Addition
NAME STREET ADDRESS	MAUMENE 12330 SW COOPER MGRM	E CORPORATION 53RD ST STE 702	<del></del>	litle Nam Stre	EET ADDRESS -ST-ZIP				☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	MAUMENE 12330 SW COOPER MGRM BIMENTA	E CORPORATION 53RD ST STE 702 CITY, FL 33330	□ Delole	HITLE NAM STRE CITY TITLE	EET ADDRESS -ST-ZIP					. Addition
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O.W.O.

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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.