## **2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000058521

Entity Name: S. GAIL FORCE, LLC

S. GAIL FORCE, LLC

**Current Principal Place of Business:** 

1980 CAPITAL CIRCLE N.E. TALLAHASSEE. FL 32317

**Current Mailing Address:** 

559 KIMS LN

LAMONT. FL 32336

FEI Number: 11-3814486 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARROIN, DAVID L 559 KIMS LANE LAMONT, FL 32336 US

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

FILED Apr 12, 2013

**Secretary of State** 

CC1577910771

## Authorized Person(s) Detail:

Title MGR

Name CHARROIN, DAVID L

Address 559 KIMS LN

City-State-Zip: LAMONT FL 32336

SIGNATURE: DAVID CHARROIN

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

04/12/2013 Date