

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000058521

**Entity Name:** S. GAIL FORCE, LLC

**Current Principal Place of Business:**

559 KIMS LANE  
LAMONT , FL 32336

**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

**Authorized Person(s) Detail :**

Title MGR  
Name CHARROIN, DAVID L  
Address 559 KIMS LN  
City-State-Zip: LAMONT FL 32336

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID CHARROIN

04/30/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date