

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A00000000672

1. Entity Name

GARRL, LTD

FILED

02 APR 25 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

898 Belmont Pl

Suite, Apt. #, etc.

3. Mailing Address

898 Belmont Pl.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Rockledge, FL

City & State

Rockledge, FL

4. FEI Number

59-365 8351

Applied For

Not Applicable

Zip

32955

Country

USA

Zip

32955

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Grady L. Goolsby

Street Address (P.O. Box Number is Not Acceptable)

898 Belmont Pl.

City

Rockledge

FL

Zip Code

32955

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

100.00

10. Amount of Capital Contributions
in FLORIDA to date.

100.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

Grady L. Goolsby
898 Belmont Pl.
Rockledge, FL 32955

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

E. Rochelle Goolsby
898 Belmont Pl.
Rockledge, FL 32955

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

200005401002

05/07/02-01082-002

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Grady L. Goolsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4-4-02

Daytime Phone #

321-632-2347

CR2E003B (12/01)

STAPLE CHECK HERE