## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

CL	IMEN	Т	#100	000002873

1. Entity Name
GAYLON BLACK, LLC



Principal Place of Business

138 SPRING VALLEY LOOP ALTAMONTE SPRINGS, FL 32714-1547 Mailing Address

P.O. BOX 161547 ALTAMONTE SPRINGS, FL 32714



DO NOT WRITE II	N THIS	SPACE
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02122008 No Chg-LLC CR2E083 (12/07)

Applied For

Not Applicable

59-3639594

\$5.00 Additional

5. Certificate of Status Desired

4. FEI Number

Fee Required

6. Name and Address of Current Registered Agent

MANAGING MEMBERS/MANAGERS

BLACK, GAYLON 138 SPRING VALLEY LOOP ALTAMONTE SPRINGS, FL 32714

## DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in:	ne State of Florida. I am familiar with, and accept
SI	GNATURE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agen) signature required when reinstating)	DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.

MGRM BLACK, GAYLON 138 SPRING VALLEY LOOP ALTAMONTE SPRINGS, FL 327146515

U00000846842 03/18/08-80045-017 138.75

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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 trustge empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

14/28/19

407 256-7600

Dale

Daytime Phone #