

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L00000003632

**1. Entity Name
GECKO'S HOSPITALITY GROUP, LLC**



**Principal Place of Business
4870 SOUTH TAMiami
SARASOTA, FL 34231**

**Mailing Address
4870 SOUTH TAMiami
SARASOTA, FL 34231**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-1000598**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHANDLER III, JAMES R
1834 MAIN STREET
SARASOTA, FL 34236**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGRM
NAME QUILLEN, MICHAEL L
STREET ADDRESS 4870 S TAMiami TR
CITY-ST-ZIP SARASOTA, FL 34231**

**TITLE MGRM
NAME GOWAN, MICHAEL T
STREET ADDRESS 4870 S TAMiami TR
CITY-ST-ZIP SARASOTA, FL 34231**

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05/02/06-80092-008 50.00

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IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael Gowan

Michael Gowan V.P.

4/18/06

941-923-8896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #