

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000006067

1. Entity Name
GEE, L.L.C.



Principal Place of Business
**4401 NW 124 AVE.
CORAL SPRINGS, FL 33065**

Mailing Address
**4401 NW 124 AVE.
CORAL SPRINGS, FL 33065**



02082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
05-0345336

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROWN, GARY N
4401 NW 124 AVE.
CORAL SPRINGS, FL 33065**

**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 reinstating)

DATE

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

U000000331155
02/27/08-80007-005 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BROWN, GARY N
STREET ADDRESS	4401 NW 124 AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
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CITY-ST-ZIP	

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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:

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

2/8/08 954-323 0070, 2

Date

Daytime Phone #