

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90746 016 *****50.00

0002161

DOCUMENT # L00000006448

1. Entity Name

GB, L.L.C.



Principal Place of Business

1975 TAMiami TRAIL
PUNTA GORDA FL 33950

Mailing Address

1975 TAMiami TRAIL
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1021630**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 N TAMiami TRAIL
SUITE 300
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
Linda Baillargeon

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

City
Port Charlotte

FL

Zip Code
33952

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 obligation of registered agent.

SIGNATURE

Linda Baillargeon

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BAILLARGEON, GILLES**
STREET ADDRESS **119 COLONIAL ST SE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **MGRM** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **BAILLARGEON, LINDA**
STREET ADDRESS **119 COLONIAL ST SE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **MGRM** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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:

Linda Baillargeon
SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E083 (10/02)