

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90013 014 ****50.00

DOCUMENT # L00000007774

1. Entity Name

GAMI, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

The 1900 Building

Suite, Apt. #, etc.

315

City & State

Melbourne, FL

Zip

32901

Country

U.S.A.

3. Mailing Address

1900 S. Harbor City Blvd

Suite, Apt. #, etc.

315

City & State

MELBOURNE FL

Zip

32901

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3666094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL HAWKINS

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

1900 S. HARBOR CITY BLVD

SUITE 315

City

MELBOURNE

FL

Zip Code

32901

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	HAWKINS, MICHAEL W
STREET ADDRESS	1900 S. HARBOR CITY BLVD; SUITE 315
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

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

Date

3/7/03

Daytime Phone #

321-508-6516

CR2E083B (12/02)