

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000008181

1. Entity Name
G.V., L.L.C.



Principal Place of Business
14831 LAGUNA DRIVE
FORT MYERS, FL 33908

Mailing Address
PO BOX 116
SIOUX CITY, IA 51101

DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1027065

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, KIRBY JR.
14813 LAQUANA DRIVE
#B-502
FORT MYERS, FL 33908

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHERMAN, STANLEY
STREET ADDRESS 14811 LAQUANA DRIVE #A-101
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE MGR
NAME NATALE, CARL J
STREET ADDRESS 14813 LAGUANA DRIVE #602
CITY-ST-ZIP FORT MYERS, FL 33908

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U00000583804
01/12/07-80011-006 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: _____

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

Date

Daytime Phone #

STANLEY SHERMAN

1-8-07

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4820156