

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011851

1. Entity Name
GAS LLC



Principal Place of Business
**13695 W. DIXIE HWY.
NORTH MIAMI, FL 33160**

Mailing Address
**13695 W. DIXIE HWY.
NORTH MIAMI, FL 33160**

DO NOT WRITE IN THIS SPACE



01152004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1047836

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALK, GARY
515 NORTH FLAGLER DRIVE, 18TH FLOOR
BOOSE CASEY CIKLIN LUBITZ
WEST PALM BEACH, FL 33401**

**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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**U000000053642
02/16/04-80139-020 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SIRAGUSA, SAL
STREET ADDRESS	2750 N.E. 183RD STREET, #408
CITY- ST- ZIP	AVENTURA, FL 33160

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12-12-04 1305-7105261