## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L00000011851

1. Entity Name GAS LLC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



FILED
May 05, 2008 08:00 AN
Secretary of State

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

04232008 No Chg-LLC

CR2E083 (12/07)

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 title if ap		0	• • • • • • • • • • • • • • • • • • •	<u> </u>	DATE	
Signature, types of present resine or register at algebra aritima is apparature. [1901C: Hegistateo.			Agent signature required when reinstating)		DATE		
FILE After May	NOW!!!_FEE:IS:\$138.75> /1, 2008 Fee_will;be:\$538:75>		) ) (1)				
9.	MANAGING MEMBERS/MAN	NAGERS :					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIRAGUSA, SAL 2750 N.E. 183RD STREET, #408 AVENTURA, FL 33160	•	,		:		
TITLE NAME STREET ADORESS CITY-ST-ZIP					U000009 05/30/08-8	46213 9039-013 138.	75
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADORESS CITY-ST-ZIP			:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,		

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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AM AM

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

14-29-8

13-7/05261

Daytime Phone #