

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L02000010135

1. Entity Name
JACK GUTIERREZ, LLC



Principal Place of Business
**10000 W. SAMPLE ROAD
SUITE A
CORAL SPRINGS, FL 33065 US**

Mailing Address
**10000 W. SAMPLE ROAD
SUITE A
CORAL SPRINGS, FL 33065 US**



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3656626

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUTIERREZ, GIL F M.D
10000 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065**

**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

Gil Gutierrez

4/8/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000890726
04/22/08-80107-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GUTIERREZ, GIL F M.D.
STREET ADDRESS	10000 W SAMPLE RD
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	P
NAME	FAXAS, TERESA A M.D.
STREET ADDRESS	10000 W SAMPLE RD
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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 #

Gil Gutierrez

4/8/08

974-346-8800