


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000018167		
1. Entity Name G & G DISTRIBUTING OF FLORIDA, LLC		
Principal Place of Business 1611 18TH AVE. DR. E PALMETTO, FL 34221		Mailing Address 708 9TH ST W BRADENTON, FL 34205
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAWKINS, JOHN D ESQUIRE 1023 MANATEE AVENUE WEST BRADENTON, FL 34205		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTHRIE, GARY S 917 11TH AVE PALMETTO, FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGART, GARY A 4821 20TH AVE W BRADENTON, FL 34209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGART, JANICE L 708 9TH ST. WEST BRADENTON, FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Gary A. Bogart</i></u> MGRM <u>1/18/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 81-0561785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/26/06-80016-006 50.00

**DO NOT WRITE
IN THIS SPACE**