

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018167

FILED
Apr 04, 2007
Secretary of State

Entity Name: G & G DISTRIBUTING OF FLORIDA, LLC

Current Principal Place of Business:

1611 18TH AVE. DR. E
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

708 9TH ST W
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 81-0561785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, JOHN D ESQUIRE
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUTHRIE, GARY S
Address: 917 11TH AVE
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: BOGART, GARY A
Address: 4821 20TH AVE W
City-St-Zip: BRADENTON, FL 34209

Title: MGRM () Delete
Name: BOGART, JANICE L
Address: 708 9TH ST. WEST
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BOGART, GARY A
Address: 103 25TH ST NW
City-St-Zip: BRADENTON, FL 34205

Title: MGRM (X) Change () Addition
Name: BOGART, JANICE L
Address: 103 25TH ST NW
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY A BOGART

MGRM

04/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date