

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90022 041 \*\*\*138.75

**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

**50005210**



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**81-0561785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**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

*John D. Esquire*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/15/08*

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

**9. MANAGING MEMBERS/MANAGERS**

|                |                     |
|----------------|---------------------|
| TITLE          | MGRM                |
| NAME           | GUTHRIE, GARY S     |
| STREET ADDRESS | 917 11TH AVE        |
| CITY-ST-ZIP    | PALMETTO, FL 34221  |
| TITLE          | MGRM                |
| NAME           | BOGART, GARY A      |
| STREET ADDRESS | 103 25TH ST NW      |
| CITY-ST-ZIP    | BRADENTON, FL 34205 |
| TITLE          | MGRM                |
| NAME           | BOGART, JANICE L    |
| STREET ADDRESS | 103 25TH ST NW      |
| CITY-ST-ZIP    | BRADENTON, FL 34205 |
| 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:**