

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90105 043 ****50.00

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

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 877

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto, FL

Zip

Country

34220

USA

4. FEI Number

81-0561785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President, Director, Secretary
Gary S. Guthrie
917 11th Ave. W.
Palmetto, FL 34221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President, Director, Treasure
Gary A. Bogart
4921 26th Ave. W.
Bradenton, FL 34209**

TITLE
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10.

ADDITIONS/CHANGES

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CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/6/03 941-722-3265

Date

Daytime Phone #

CR2E083 (10/02)