

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022389

Entity Name: GILLAL, L.L.C.

FILED
May 10, 2008
Secretary of State

Current Principal Place of Business:

3740 OTTAWA LANE
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

3740 OTTAWA LANE
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 65-1116822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EISINGER, DENNIS J ESQ
4000 HOLLYWOOD BLVD
SUITE 265-SOUTH
HOLLYWOOD, FL 33021 US

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: MGR () Delete
Name: BARKINS, WILLIAM E
Address: 3740 OTTAWA LN
City-St-Zip: COOPER CITY, FL 33026

Title: MGR () Delete
Name: BARBER, OSCAR
Address: 3850 WASHINGTON ST. # 608
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: BARKINS, DEBRA
Address: 3740 OTTAWA LANE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM BARKINS

MGR

05/10/2008

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