

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/22/2003-90102-045-\$50.00-\$50.00

DOCUMENT # L02000025670



1. Entity Name

G & G MANAGEMENT, LLC

FILED

03 OCT 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1800 SOUTH OCEAN BOULEVARD
#1408
POMPANO BEACH FL 33062

Mailing Address

1800 SOUTH OCEAN BOULEVARD
#1408
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0438696

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

ROBERT G. MONAS P.A.
1500 NORTH UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name: MICHAEL GABY
Street Address (P.O. Box Number is Not Acceptable)
1800 S. OCEAN BLVD
APT. 1408
City POMPANO BEACH FL Zip Code 33062

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM GABY, MICHAEL 8716 NORTHWEST 54TH STREET CORAL SPRINGS FL 33087 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM GABY, KAREN 8716 NORTHWEST 54TH STREET CORAL SPRINGS FL 33087 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM GOLDSTEIN, JEFFREY 1800 SOUTH OCEAN BOULEVARD #1408 POMPAO BEACH FL 33062 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM GOLDSTEIN, LYNN 1800 SOUTH OCEAN BOULEVARD #1408 POMPAO BEACH FL 33062 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E083 (10/02)