

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

4/2

04-24-2007 90108 044 ****50.00

DOCUMENT # L02000032981

1. Entity Name
GARY M. MONTOUR, LLC



Principal Place of Business
1 INDEPENDENT DRIVE
STE 2401
JACKSONVILLE, FL 32202

Mailing Address
1 INDEPENDENT DRIVE
STE 2401
JACKSONVILLE, FL 32202

00000000



01182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTOUR, GARY M
1 INDEPENDENT DRIVE
STE 2401
JACKSONVILLE, FL 32202

**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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MONTOUR, GARY M
1 INDEPENDENT DR STE 2401
JACKSONVILLE, FL 32202

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

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

Date

Devin Phone #