

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000489

1. Entity Name
GALLERY, LLC



Principal Place of Business
**4007 BAYSIDE DRIVE
BRADENTON, FL 34210**

Mailing Address
**4007 BAYSIDE DRIVE
BRADENTON, FL 34210**



02132005No Chg-LLC

CR2E083 (10/03)

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

**SILVERMAN, MICHELINE
4007 BAYSIDE DRIVE
BRADENTON, FL 34210**

**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

Michelle Silverman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/05

**Filing Fee is \$50.00
Due by May 1, 2005**

UN0000237917
02/21/05-80077-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	T
NAME	THE HARRIS SILVERMAN REV TRUST 7/9/97
STREET ADDRESS	C/O HARRIS SILVERMAN, 4007 BAYSIDE DR
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	T
NAME	THE HARRIS SILVERMAN REV TRUST 7/9/97
STREET ADDRESS	C/O MICHELINE SILVERMAN, 4007 BAYSIDE DR
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

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

Date

Daytime Phone #

941 756 7704
2/15/05