

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 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



02112007 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**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**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	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000660802  
03/20/07-80015-018 50.00

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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

Daytime Phone #