

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000004365

1. Entity Name
GOPHER LLC



Principal Place of Business
1225 WISCONSIN AVE
PALM HARBOR, FL 34683

Mailing Address
14632 MT. ZION RD
DADE CITY, FL 33523



07032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1055562

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H
37837 MERIDIAN AVENUE
SUITE 314
DADE CITY, FL 33525

**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 resigning)

DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTON, BRENT 14632 MT. ZION ROAD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTON, GARY 4964 MOUNTAIN CREEK DRIVE LAS VEGAS, NV 89148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORLAN, REBECCA 1225 WISCONSIN AVENUE PALM HARBOR, FL 34683
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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

Brent W. Sutton 7/4/07 863-956-1101
Date Daytime Phone #