

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-1055562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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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U000000955375  
07/17/08-80003-008 138.75

**DO NOT WRITE  
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

7/7/08  
Date

863-956-1101  
Daytime Phone #