

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2006 08:00 AM
Secretary of State

3-22 \$50 #1125

DOCUMENT # L03000004398
1. Entity Name
G & G MOVING SERVICES, LLC



Principal Place of Business
**11321 SW 8TH PLACE
PEMBROKE PINES FL 33025**

Mailing Address
**11321 SW 8TH PLACE
PEMBROKE PINES FL 33025**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number **25-1904020** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**WALSH, CONNIE L
11321 SW 18TH PLACE
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, CONNIE L 111 SE 1ST STREET, STE. 107 DANIA FL 33004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/08/06-80043-010 50.00 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAMBINO, MARCO S 11321 SW 8 PLACE PEMBROKE PINES FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Connie L Walsh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #