

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000006081

1. Entity Name
G TORRES, LLC



**FILED
Aug 29, 2008 8:00 am
Secretary of State**

08-29-2008 90048 017 ***143.75

Principal Place of Business
7211 N. DALE MABRY HWY
SUITE 211
TAMPA, FL 33614 US

Mailing Address
7211 N DALEMABRY HWY
SUITE 211
TAMPA, FL 33614 US

50009784



05092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1175903	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TORRES, GUERRYSYON
7211 N DALEMABRY HWY
SUITE 211
TAMPA, FL 33614

**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	MGR
NAME	TORRES, GUERRYSYON
STREET ADDRESS	7211 N. DALE MABRY HWY SUITE 211
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

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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.

Guerrison Torres

SIGNATURE:

Guerrison Torres MGR 8-28-08

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

Date

813-997-0665

Daytime Phone #