2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000006826

1. Entity Name
G & G ENTERPRISES OF PINELLAS, LLC

Principal Place of Business	Mailing Address
8924 HICKORY HILL LANE KNOXVILLE, TN 37922	8924 HICKORY HILL LANE KNOXVILLE, TN 37922

02272008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0452867

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INGLIS, JOHN S ESQ
101 E KENNEDY BLVD., STE 2800
TAMPA, FL 33602

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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
After May 1, 2008 Fee will be $538.75

U00000840307
03/06/08-80043-005 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WILLIAMS, RICHARD E
STREET ADDRESS	8924 HICKORY HILL LANE
CITY-ST-ZIP	KNOXVILLE, TN 379226403
TITLE	MGRM
NAME	WILLIAMS, GERRY M
STREET ADDRESS	8924 HICKORY HILL LANE
CITY-ST-ZIP	KNOXVILLE, TN 379226403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 3/1/08 865-539-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #