

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000009238

1. Entity Name
GATLIN GROUP HOLDINGS, LLC



Principal Place of Business
5332 SW ORCHID BAY DRIVE
PALM CITY, FL 34990

Mailing Address
5332 SW ORCHID BAY DRIVE
PALM CITY, FL 34990



03212006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0451028

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DODT, HAROLD R
5332 SW ORCHID BAY DRIVE
PALM CITY, FL 34990

**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 _____

Filing Fee is \$50.00
Due by May 1, 2006

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DODT, HAROLD R
STREET ADDRESS	5332 SW ORCHID BAY DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990

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04/18/06-80045-005 50.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

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

3-21-06

Date

Daytime Phone #

772-781-5805