


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90072 025 \*\*\*\*55.00

<b>DOCUMENT # L03000016214</b> 1. Entity Name <b>G.A.P., LLC</b>					
Principal Place of Business <b>3050 ROGERS ROAD FORT PIERCE, FL 34981</b>			Mailing Address <b>3050 ROGERS ROAD FORT PIERCE, FL 34981</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOSHER, DALE 3050 ROGERS ROAD FORT PIERCE, FL 34981</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>MGR Dale T. Mosher 3050 Rogers Rd Ft Pierce FL 34981</b>		
			<b>MGR M Elizabeth M. Mosher 3050 Rogers Rd. Ft. Pierce FL 34981</b>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Dale T. Mosher</u>			Date <u>8-1-04</u>		Daytime Phone # <u>772-359-8115</u>



07152004 Chg-LLC CR2E083 (10/03)

4. FEI Number **32-0076420** Applied For ☐ Not Applicable ☒

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

ai # 3278-45500

FDS  
CAP