

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

05-04-2004 90028 030 ****50.00

DOCUMENT # L03000022609					
1. Entity Name GATLIN, L.L.C.					
Principal Place of Business P.O. BOX 85 WEST PALM BEACH, FL 33402			Mailing Address P.O. BOX 85 WEST PALM BEACH, FL 33402		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01092004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0056977				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, SCOTT A 505 S. FLAGLER DR, STE 1010 WEST PALM BEACH, FL 33401				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 reinstating) DATE _____					
Filing Fee Is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, RICHARD S JR P.O. BOX 85 WEST PALM BEACH, FL 33402	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, SCOTT A P.O. BOX 85 WEST PALM BEACH, FL 33402	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOENIG, PATRICK C P.O. BOX 85 WEST PALM BEACH, FL 33402	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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