

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90014 037 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000023396

1. Entity Name
CGT, LLC



Principal Place of Business
1425 NW 6TH STREET
GAINESVILLE, FL 32601 US

Mailing Address
1425 NW 6TH STREET
GAINESVILLE, FL 32601 US

20047465



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

56-2874873

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOSTER, GEORGE K
4420 CORTEZ BLVD
BROOKSVILLE, FL 34607

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

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FOSTER, GEORGE K
STREET ADDRESS 4420 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE, FL 34607

TITLE MGRM ☐ Change ☒ Addition
NAME Tammy Garcia
STREET ADDRESS 21818 NWCR 2054
CITY-ST-ZIP Alachua, FL 32615

TITLE MGRM ☐ Delete
NAME SALAFINO, CARL
STREET ADDRESS 1425 NW 6TH ST
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/15/05

352 371 4333

Date

Daytime Phone #