

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026193

Entity Name: GATORBYTES, LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

4735 NW 79 RD
GAINESVILLE, FL 32653

New Principal Place of Business:

7516 NW 36 AVE
GAINESVILLE, FL 32606

Current Mailing Address:

4735 NW 79 RD
GAINESVILLE, FL 32653

New Mailing Address:

7516 NW 36 AVE
GAINESVILLE, FL 32606

FEI Number: 20-0098977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, JEREMY D
4735 NW 79 RD
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

COFFEY, JEREMY D
7516 NW 36 AVE
GAINESVILLE, FL 32606 US

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.

SIGNATURE: JEREMY D COFFEY

01/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COFFEY, JEREMY D
Address: 4735 NW 79 RD
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM () Delete
Name: COFFEY, LAURA L
Address: 4735 NW 79 RD
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COFFEY, JEREMY D
Address: 7516 NW 36 AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM (X) Change () Addition
Name: COFFEY, LAURA L
Address: 7516 NW 36 AVE
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEREMY D COFFEY

MGRM

01/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date