

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90341 029 ****50.00

DOCUMENT # L03000029775

1. Entity Name
G.K.G. ENTERPRISES, LLC



Principal Place of Business
**8486 ATHENS COURT
WEEKI WACHEE, FL 34613**

Mailing Address
**8486 ATHENS COURT
WEEKI WACHEE, FL 34613**

2. Principal Place of Business - No P.O. Box #

9346 Ashley Dr.

Suite, Apt. #, etc.

3. Mailing Address

9346 Ashley Dr.

Suite, Apt. #, etc.

03052007 Chg-LLC CR2E083 (12/06)

City & State

Weeki Wachee, FL

City & State

Weeki Wachee, FL

Zip
34613

Country

Zip
34613

Country

4. FEI Number

15-1365540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARROW, JAMES
1311 N. WEST SHORE BLVD., #205
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GRAY, GARY W**
STREET ADDRESS **8486 ATHENS COURT**
CITY-ST-ZIP **WEEKI WACHEE, FL 34613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Gray, Gary W.**
STREET ADDRESS **9346 Ashley Dr.**
CITY-ST-ZIP **Weeki Wachee, FL 34613**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/29/07