

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000030337

1. Entity Name
GARY INTERNATIONAL CONSULTATION, LLC



Principal Place of Business
5841 S. MAGNOLIA AVENUE
OCALA, FL 34474

Mailing Address
5841 S. MAGNOLIA AVENUE
OCALA, FL 34474

FILED
May 02, 2006 08:00 A
Secretary of State



05012006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-0162632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARKIN, MARSHALL H
149 S. RIDGEWOOD AVE., SUITE 710
DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
GARY, FAYE DR.
STREET ADDRESS
5841 S. MAGNOLIA AVENUE
CITY- ST- ZIP
OCALA, FL 34474

TITLE
NAME
GARY, HOMER
STREET ADDRESS
5841 S. MAGNOLIA AVENUE
CITY- ST- ZIP
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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05/17/06-80135-018 55.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Homer A. Gary

5/1/06

(352)237-2754