

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000034509

1. Entity Name

GENE 4, LLC



FILED
Mar 16, 2006 08:00 AM
Secretary of State

Principal Place of Business
496 TIMBER RIDGE DRIVE
LONGWOOD FL 32779

Mailing Address
496 TIMBER RIDGE DRIVE
LONGWOOD FL 32779



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0220274

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

TIMOTHY, O'TOOLE J
496 TIMBER RIDGE DRIVE
LONGWOOD FL 32779

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COUGHLIN, STEPHEN M
105 BLUE LAKE CT
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000470152
03/28/06-80002-011 50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
O'TOOLE, TIMOTHY J
496 TIMBER RIDGE DRIVE
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Timothy J. O'Toole, member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

31206

(407) 616-1507

Date

Daytime Phone #