

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DOCUMENT # **L03000038698**

1. Entity Name

GORI INVESTMENTS LLC



11 MAY 23 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

032-1 INWISLAND

3. Mailing Address

PHILIP T. GOR

Suite, Apt. #, ect.

5725 HALLANDALE BEACH BLVD

Suite, Apt. #, ect.

195 ALEXANDER PALM

City & State

HALLANDALE BEACH FL

City & State

BOCA RATON FL

Zip

33020

Country

USA

Zip

33432

Country

USA

4. FEI Number

56-2457000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

CR2E083B (1/11)

6.

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7. Name and Address of Current Registered Agent

Name

LARRY BISCHOP

Street Address (P.O. Box Number is Not Acceptable)

4548 N. FIDELITY AVE

City

FT. LAUDERDALE

FL

33308

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

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

PHILTGORI@GMAIL.COM

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MGR
PHILIP T. GOR
195 ALEXANDER PALM**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BOCA RATON FL 33432

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

10.

800207505788

05/11/11-01006--001 **1050.00

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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.15, F.S.

SIGNATURE:

PHILIP T. GOR 5-15-11 954-822-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#