

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001360

Entity Name: GARY D. SNODGRASS, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

4483 STEVENS RD  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

4483 STEVENS RD  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 20-0578630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

SNODGRASS, JOANTHAN D  
3198 FORD RD.  
PALM SPRINGS, FL 33461 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: JOANTHAN D. SNODGRASS

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SNODGRASS, GARY D  
Address: 3198 FORD ROAD  
City-St-Zip: LAKE WORTH, FL 33461

Title: ST ( ) Delete  
Name: SNODGRASS, GARY D  
Address: 3198 FORD ROAD  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SNODGRASS, GARY D  
Address: 4483 STEVEN RD.  
City-St-Zip: LAKE WORTH, FL 33461

Title: ST (X) Change ( ) Addition  
Name: SNODGRASS, GARY D  
Address: 4483 STEVEN RD.  
City-St-Zip: LAKE WORTH, FL 33461

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: GARY D. SNODGRASS

MGR

04/30/2008

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