

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90166 001 ****50.00

04-30-2007 90166 002 *****5.00

DOCUMENT # L04000002735

1. Entity Name
GEORGE G. GARRARD LLC



Principal Place of Business
6044 SE 4TH AVE
KEYSTONE HEIGHTS, FL 32656

Mailing Address
6044 SE 4TH AVE
KEYSTONE HEIGHTS, FL 32656

30006058



2. Principal Place of Business - No P.O. Box #
4331 NW 199th St
Suite, Apt. #, etc.

3. Mailing Address
4331 NW 199th St
Suite, Apt. #, etc.

03262007 Chg-LLC CR2E083 (12/06)

City & State Starke Florida **City & State** Starke Florida

4. FEI Number 52-2452702 **Applied For** Not Applicable

Zip 32091 **Country** Bradford **Zip** 32091 **Country** Bradford

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARRARD, GEORGE G
6044 SE 4TH AVE
KEYSTONE HEIGHTS, FL 32656

7. Name and Address of New Registered Agent
Name Garrard, George G.
Street Address (P.O. Box Number is Not Acceptable)
4331 NW 199th St.
City Starke **FL** **Zip Code** 32091

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 George G. Garrard **DATE** 4-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARRARD, GEORGE G 4331 NW 199TH ST. STARKE, FL 32091	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George G. Garrard **DATE** 4-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE