

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90019 006 ***138.75

60002421



01172008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000005341

1. Entity Name
GAMBLE, LLC



Principal Place of Business
1237 N. 20 TH ST
DEFUNIAK SPGS, FL 32433 US

Mailing Address
1237 N. 20 TH ST
DEFUNIAK SPGS, FL 32433 US

2. Principal Place of Business - No P.O. Box
5 Seminole Dr.

3. Mailing Address
5 Seminole Dr.

Suite, Apt. #, etc.

City or State
Defunick Spgs. FL

City or State
Defunick Spgs. FL

Zip
32435

Country
U.S.

Zip
32435

Country
U.S.

4. FEI Number
83-0382410

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAMBLE, L C
1237 N 20TH ST.
DEFUNIAK SPGS, FL 32433

7. Name and Address of New Registered Agent

Name
Gamble L.C.

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

City
Defunick Spgs.

State
FL

Zip
32435

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 **L.C. Gamble**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAMBLE, L C 1237 N 20TH ST DEFUNIAK SPGS, FL 32433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gamble, L C 5 Seminole Dr Defunick Spgs., FL 32435
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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.

SIGNATURE: **L.C. Gamble**

Date
1-17-08

Daytime Phone #
850-892-3920