

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008074

Entity Name: GORDA, LLC

FILED
May 04, 2008
Secretary of State

Current Principal Place of Business:

654 HAMPTON LANE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

360 PALMWOOD LANE
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 20-0672451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TIMOTHY P. STICKNEY
260 CRANDON BLVD, STE 14
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOMEZ-SALAS, JESUS
Address: 654 HAMPTON LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: GOMEZ-SALAS, ERIKA C
Address: 654 HAMPTON LANE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ-SALAS, JESUS
Address: 654 HAMPTON LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM (X) Change () Addition
Name: GOMEZ-SALAS, ERIKA C
Address: 654 HAMPTON LANE
City-St-Zip: KEY BISCAYNE, FL 33149

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: JESUS GOMEZ-SALAS

MGRM

05/04/2008

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