

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010230

Entity Name: G&O, LLC

FILED
Jun 15, 2006
Secretary of State

Current Principal Place of Business:

314 PEARL AVE.
310
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

314 PEARL AVE.
310
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 87-0720204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

W. R. KLEIN P.A.
1900 MAIN ST
SUITE 310
SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIOS, GILBERTO
Address: 314 PEARL AVE.
City-St-Zip: SARASOTA, FL 34243 US

Title: MGRM () Delete
Name: BONILLA, OLGA
Address: 314 PEARL AVE
City-St-Zip: SARASOTA, FL 34243 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: RIOS, GILBERTO MGR
Address: 7511 HARLESTON COURT
City-St-Zip: BRADENTON, FL 34201 FL

I hereby certify that the information supplied with this filing does not qualify for the 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: RIO

MRG

06/15/2006

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