

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000014487

1. Entity Name

G&B LEE, LLC



Principal Place of Business

4101 W. KELLY PARK RD.
APOPKA FL 32712

Mailing Address

4101 W. KELLY PARK RD.
APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0810876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, DAVID S
5728 MAJOR BLVD.
SUITE 550
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LEE, GYUNG H
4100 W. KELLY PARK ROAD
APOPKA FL 32712

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

U00000515606
04/29/06-80212-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/06