

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000017232 1. Entity Name GYRE SECURITIES, LLC.	
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Principal Place of Business 817 WEST PEACHTREE ST, NW, STE 910 ATLANTA, GA 30308	Mailing Address 817 WEST PEACHTREE ST, NW, STE 910 ATLANTA, GA 30308
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1219078	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

IVAN, MICHAEL J JR, ESQ
ONE INDEPENDENT DRIVE, SUITE 3131
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIPP, KYLE E 2222 DUNBAR TRAIL SMYRNA, G 30080
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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:  **1/5/07** **404 961 7170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #