


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90063 010 ***138.75

DOCUMENT # L04000018008 1. Entity Name GEMWORTH, LLC			
Principal Place of Business 895 W. ROCHESTER DR CASHIERS, NC 28717 US		Mailing Address P.O. BOX 3282 CASHIERS, NC 28717 US	
2. Principal Place of Business - No P.O. Box # 895 W. ROCHESTER DR.		3. Mailing Address P.O. BOX 3282	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CASHIERS, N.C.		City & State CASHIERS, N.C.	
Zip 28717	Country USA	Zip 28717	Country USA
6. Name and Address of Current Registered Agent STINZIANO, JOHN L 800 LAUREL OAK DR STE 600 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Kenneth L. Otto</i></u> (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	P OTTO, JULIE H P.O. BOX 3282 CASHIERS, NC 28717	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO OTTO, KENNETH L P.O. BOX 3282 CASHIERS, NC 28717	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTTO, KENNETH L 845 W. ROCHESTER DR CASHIERS, NC 28717	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>895 NOT 845 ROCHESTER DR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO OTTO, JULIE 845 W. ROCHESTER DR CASHIERS, NC 28717	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>895 NOT 845 ROCHESTER DR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kenneth L. Otto</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u><i>1/23/08</i></u> Daytime Phone #: <u><i>828-743-7051</i></u>	

60007467



01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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