

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000022526

1. Entity Name
GIDE CONSULTING LLC



FILED
Mar 03, 2008 08:00 A
Secretary of State

Principal Place of Business
1801 SOUTH FEDERAL HIGHWAY
SUITE 300
DELRAY BEACH, FL 33483

Mailing Address
1801 SOUTH FEDERAL HIGHWAY
SUITE 300
DELRAY BEACH, FL 33483



02052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0911273

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000845223
03/13/08-80030-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOLDSTEIN, JON
STREET ADDRESS	1801 SOUTH FEDERAL HIGHWAY, SUITE 300
CITY-ST-ZIP	DELRAY BEACH, FL 33483

TITLE	
NAME	
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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

AUTH. REP.

2/19/08 (561) 454-7404