FILED
May 23, 2005 8:00 am
Secretary of State
04-27-2005 90029 008 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

30007134

04212005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000026674

1. Entity Name
GARI ENTERPRISES, LLC

Principal Place of Business
4703 NORTH ARMENIA AVENUE
TAMPA, FL 33603

Mailing Address
4703 NORTH ARMENIA AVENUE
TAMPA, FL 33603

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 20-0998015 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
WALKER, GARY
100 S. ASHLEY DRIVE STE. 1500
TAMPA, FL 33602-N

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	Chief Operating Officer
NAME	Michael T Doyle
STREET ADDRESS	3812 Corona Street
CITY-ST-ZIP	Tampa FL 33629

☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

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10. ADDITIONS / CHANGES

TITLE	Chief Operating Officer
NAME	Michael T Doyle
STREET ADDRESS	3812 Corona Street
CITY-ST-ZIP	Tampa FL 33629

☐ Change ☑ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/22/05 813-872-4492 x112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #