

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000033488

1. Entity Name

G & M RETIREMENT LLC



Principal Place of Business

9555 CRYSTALWOOD LANE
JACKSONVILLE FL 32221

Mailing Address

GARY M DUGGER
9555 CRYSTALWOOD LANE
JACKSONVILLE FL 32221



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

77-0635755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGGER, GARY M
9555 CRYSTALWOOD LANE
JACKSONVILLE FL 32221

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DUGGER, GARY M
STREET ADDRESS 9555 CRYSTALWOOD LANE
CITY-STATE-ZIP JACKSONVILLE FL 32221

☐ Change ☐ Addition
U000000647222
03/06/07-80063-020 50.00

TITLE MGR ☐ Delete
NAME DUGGER, MARY A
STREET ADDRESS 9555 CRYSTALWOOD LANE
CITY-STATE-ZIP JACKSONVILLE FL 32221

☐ Change ☐ Addition

TITLE ☐ Delete
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☐ Change ☐ Addition

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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:

Gary M Dugger

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

Date

Daytime Phone #