

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000035721

1. Entity Name
GTR, LLC



Principal Place of Business
376 BEN KING ROAD
FREEPORT, FL 32439

Mailing Address
1860 MIDTOWN DR.
COLUMBUS, GA 31906



04302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1411598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YARBROUGH, ROBERT
1221 AIRPORT RD SUITE 209
DESTIN, FL 32541

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	YARBROUGH, ROBERT
STREET ADDRESS	1860 MIDTOWN DRIVE
CITY-ST-ZIP	COLUMBUS, GA 31906
TITLE	MGR
NAME	TINDLE, TIM
STREET ADDRESS	376 BEN KING ROAD
CITY-ST-ZIP	FREEPORT GL, 32439
TITLE	MGR
NAME	COPELAN, GEORGE
STREET ADDRESS	194 LYNDALANE
CITY-ST-ZIP	PINE MOUNTAIN, GA 31822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000948437
05/30/08-80049-006 138.75

**DO NOT WRITE
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 #