

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-04-2005 90037 011 \*\*\*50.00

FILED L04000040112

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 28 AM 9:16

DOCUMENT # L04000040112

1. Entity Name  
2 G RANCH, LLC



Principal Place of Business  
7438 SW ALBRITTON STREET  
ARCADIA, FL 34266 US

Mailing Address  
7438 SW ALBRITTON STREET  
ARCADIA, FL 34266 US

20056872



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04272005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

593769293

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMES, CPA, CFP, ANDREW T  
128 WEST OAK STREET  
ARCADIA, FL 34266

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGRM  
GREEN, RICHARD  
STREET ADDRESS  
7438 SW ALBRITTON STREET  
CITY- ST- ZIP  
ARCADIA, FL 34266 ☐ Delete

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

TITLE  
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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: Richard GREEN Richard Green

04-29-05 963 491-7252

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

Date

Daytime Phone #