

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000041996

1. Entity Name

GOLDEN GECKO INVESTMENTS, LLC



Principal Place of Business

**6203 MARBELLA BLVD
APOLLO BEACH FL 33572
US**

Mailing Address

**6203 MARBELLA BLVD
APOLLO BEACH FL 33572
US**



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

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

2nd MOORE

CR2E083 (4/07)

Zip

Country

Zip

Country

4. FEI Number

22-3901637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COKER, GREGORY F
6203 MARBELLA BLVD
APOLLO BEACH FL 33572**

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **COKER, GREGORY F**
STREET ADDRESS **6203 MARBELLA BLVD**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **MGRM** ☐ Delete
NAME **COKER, DIANA L**
STREET ADDRESS **6203 MARBELLA BLVD**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **MGRM** ☐ Delete
NAME **GERVASI, FRANK**
STREET ADDRESS **6203 MARBELLA BLVD**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **MGRM** ☐ Delete
NAME **GERVASI, URSULA**
STREET ADDRESS **6203 MARBELLA BLVD**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
U00000771421
08/07/07-80001-021 50.00

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/2/07 (813) 477-4450