## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**



DOCUMENT # L04000042143 03-28-2007 90185 031 \*\*\*\*50.00 **GATLIN & IMPORT, LLC** Principal Place of Business 6003002n Mailing Address 500 EAST BROWARD BLVD. 500 EAST BROWARD BLVD. **SUITE 1950 SUITE 1950** FT. LAUDERDALE, FL 33394 FT. LAUDERDALE, FL 33394 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1946843 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYLE, CONRAD Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD. **SUITE 1950** FT. LAUDERDALE, FL 33394 City 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Change ☐ Delete TITLE ☐ Addition TAMACCIO, ANTHONY JR NAME NAME 500 E BROWARD BLVD STE 1950 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33394 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Channe ☐ Addition STANGO, MICHAEL NAME NAME STREET ADDRESS 500 E BROWARD BLVD STE 1950 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33394 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIIE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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 accordance 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

Kimaccio, JR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

☐ Delete

Mon

FILED

Secretary of State

Mar 28, 2007 8:00 am

Daytime Phone &

Change

Addition