

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 17, 2006 08:00 AM
Secretary of State

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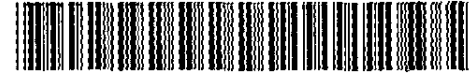
1. Entity Name

GULLA CONSTRUCTION L.L.C.



Principal Place of Business
1275 N. SPARKSMAN AVE
ORANGE CITY FL 32763

Mailing Address
1275 N. SPARKSMAN AVE
ORANGE CITY FL 32763



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

26-0092404

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

GULLA, GEOFF
1275 N SPARKMAN AVE.
ORANGE CITY FL 32763

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 May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME GULLA, GEOFF
STREET ADDRESS 1275 N SPARKMAN AVE.
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE MGRM
NAME GULLA, JEANETTE
STREET ADDRESS 1275 N SPARKMAN AVE.
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add
000000517864
05/01/06-80060-023 \$5.00

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Add

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

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jeannette Gulla

4-14-06 386774-4984