2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # L04000049993 Éntity Namo **GULLA CONSTRUCTION L.L.C.** Principal Place of Business Mailing Address 1275 N. SPARKSMAN AVE 1275 N. SPARKSMAN AVE **ORANGE CITY FL 32763 ORANGE CITY FL 32763** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & Stato 4. FEI Number Applied For 26-0092404 Not Applicable Zip Country Ζφ Country \$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 Namo GULLA, GEOFF Street Address (P.O. Box Number is Not Acceptable) 1275 N SPARKMAN AVE. **ORANGE CITY FL 32763** 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 | am familiar with, and accept the obligations of registered agent. 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, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE **MGRM** □ Delete HILE Change Addition **GULLA, GEOFF** NAME STREET ADDRESS 1275 N.SPARKMAN AVE. STREET ADDRESS CITY-ST-ZIP ORANGE CITY FL 32763 CITY-ST-ZIP THEE **MGRM** ☐ Addition **GULLA, JEANETTE** NAME STREET ADDRESS STREET ADDRESS 1275 N SPARKMAN AVE. CITY-ST-7IP **ORANGE CITY FL 32763** CITY-ST-ZIP TIME ☐ Delele TATLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILL ☐ Delete THIE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME: STREET ADDRESS STREET ADDRESS CJIY-SI-ZIP CITY-ST-ZIP U00000705955 Change DILE ☐ Delete IIILE Addition NAME NAME 04/24/07-80013-011 55.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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11. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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 eath; 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.