## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Sep 02, 2005 8:00 am Secretary of State 09-02-2005 90090 018 \*\*\*\*55.00

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1. Entity Name JERRY GAUSE SKIRTING "LLC"			ļ						
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Principal Plac	e of Business	Mailing Address			1				
5008 ROCKY CREEK ROAD		5008 ROCKY CREEK ROAD Marianna, Fl. 32448							
Marianna, FL 32448 		WARIANNA, IL 32440			I Depart Du	edili sisa 2816 sishi seri	. Baier Biiti aarii	PRIN (BRE) HAI	
2. Principal Place of Business		3. Mailing Address							
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Suite, Apt. #, etc.					08312005	Chg-LLC	CR2E08	3 (10/03)	
City & Stat	9	City & State		-	4. FEI Numbe	389195		<u> </u>	plied For t Applicable
_Zip	Country	Zip	Count	ry		of Status Desired		5.00 Addi	itional
	6. Name and Address of Current F	l Registered Agent			7. Name and	Address of New Re	<u> </u>		
CALISE	ERRY			Name				•	
GAUSE, JERRY 5008 ROCKY CREEK ROAD MARIANA, FL 32448				Street Address (P.O. Box Number is Not Acceptable)					
			Į					, <u>.</u> .	
MUSE S.				City	FL Zip Code				
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or registe	red agent, or both	h, in the State of Flo	rida. I am fa	miliar with, a	and accept
SIGNATURE.	Sirentulu, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	f Agent signature require	d when reinstating)		DATE		
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Fii Due l	ling Fee is \$50.00 by September 7, 2005						e check pay Departmen		•
Fil Due I	oy September 7, 2005  MANAGING MEMBEI	RS/MANAGERS	10.				Department CHANGES	nt of State	
9.	MANAGING MEMBER MGR	RS/MANAGERS	TITLE	l		Florida	Department CHANGES		Addition
Due I	MANAGING MEMBEI MGR GAUSE, JERRY 51'09 ROCKY CREEK RCAD		TITLE NAME STREE	E ET ADDRESS		Florida	Department CHANGES	nt of State	
9. TITLE NAME STREET ADDIESS CITY-ST-ZIF	MANAGING MEMBER MGR GAUSE, JERRY	☐ Delete	TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP		Florida	Departmen CHANGES	nt of State	☐ Addition
9. TITLE NAME STREET ADD/£SS CITY-ST-ZIF TITLE	MANAGING MEMBEI MGR GAUSE, JERRY 51'09 ROCKY CREEK RCAD		TITLE NAME STREE	E ET ADDRESS ST-ZIP		Florida	Departmen CHANGES	nt of State	
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I nerony cerury that the information suspined with this tung does not quality for the exemption stated in Section 119.07(3)(I). Horida Statutes. I turther ceruly that the informatic 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.