

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000053871

1. Entity Name  
G & M APARTMENTS, LLC



Principal Place of Business

3343 NW 79 WAY  
DAVIE, FL 33024 US

Mailing Address

3343 NW 79 WAY  
DAVIE, FL 33024 US



01242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1385884

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIGORIE, GELU  
3343 NW 79 WAY  
DAVIE, FL 33024

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

1000000404192  
02/06/06-80036-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRIGORIE, GELU P
STREET ADDRESS	3343 NW 79 WAY
CITY-ST-ZIP	DAVIE, FL 33024

TITLE	MGRM
NAME	GRIGORIE, MIHAELA VP
STREET ADDRESS	3343 NW 79 WAY
CITY-ST-ZIP	DAVIE, FL 33024

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #