

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90227 014 ***138.75

DOCUMENT # L04000056323

1. Entity Name

GAR-KAR ENTERPRISES LLC



Principal Place of Business

**529 SPRUCE DRIVE #413
LADY LAKE FL 32159**

Mailing Address

**529 SPRUCE DRIVE #413
LADY LAKE FL 32159**



2. Principal Place of Business - No P.O. Box #

529 SPRUCE DR. LADY LAKE FL

3. Mailing Address

529 SPRUCE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LADY LAKE

City & State

LADY LAKE

Zip

32159

Country

LAKE

Zip

32159

Country

USA

4. FEI Number

42-1640592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAWLEY, GARY W
529 SPRUCE DRIVE #413
LADY LAKE FL 32159**

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 registering)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
CRAWLEY, GARY W
529 SPRUCE DRIVE #413
LADY LAKE FL 32159**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

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CITY - ST - ZIP

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

SIGNATURE:

Gary W. Crawley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-28-08

352-409-3274

Date

Daytime Phone #