

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065741

1. Entity Name
G & A LLOYD, LLC



Principal Place of Business
2811-E. INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

Mailing Address
2811-E. INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

FILED
08 APR -4 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-1749473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN S
3520 THOMASVILLE ROAD
TALLAHASSEE, FL 32309

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GHAZVINI, HOSSEIN
2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GHAZVINI, MEHRAN
2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GHAZVINI, BEHZAD
2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GHAZVINI, BEHZAD
2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ASBURY, THOMAS
2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ASBURY, THOMAS
2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

900122272129
04/04/08--01023--014 **138.75

**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 #

4-2-08

850-205-5231