

605 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000081283

1. Entity Name

GTR PRODUCTIONS LLC



FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90195 032 ****55.00

Principal Place of Business

5502 DOGWOOD WAY
LAUDERHILL FL 33319
US

Mailing Address

5502 DOGWOOD WAY
LAUDERHILL FL 33319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3170577

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

- CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

THOMAS E. HARNEY III

Street Address (P.O. Box Number is Not Acceptable)

5502 DOGWOOD WAY

City

LAUDERHILL

FL

Zip Code

33319

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME HARNEY, THOMAS E III
STREET ADDRESS 5502 DOGWOOD WAY
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE MGRM ☐ Delete
NAME KOLOTKIN, GLEN C
STREET ADDRESS 6163 BAY ISLES DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE MGRM ☐ Delete
NAME BOYKO, REBECCA
STREET ADDRESS P.O. BOX 2326
CITY-ST-ZIP POMPANO FL 33061

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #