2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000082647

1. Entity Name

A.GAMBARDELLA R/E,LLC.

Principal Place of Business	Mailing Address
8126 SARATOGA WAY PORT SAINT LUCIE, FL 34986 US	8126 SARATOGA WAY PORT SAINT LUCIE, FL 34986 US

DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
05-8588826	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GAMBARDELLA, ANTHONY REALTOR
8126 SARATOGA WAY
PORT SAINT LUCIE, FL 34986

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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	MGR
NAME	GAMBARDELLA, ANNE
STREET ADDRESS	8126 SARATOGA WAY
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000799771
01/30/08-80081-020 138.75

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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 #