

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000088796

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** DAVID GABORIAULT ELECTRONIC GATE SYSTEMS LLC

**Current Principal Place of Business:**

6095 LAKE LIZZIE DR.  
ST CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

6095 LAKE LIZZIE DRIVE  
ST CLOUD, FL 34771

**New Mailing Address:**

6095 LAKE LIZZIE DR.  
ST CLOUD, FL 34771

**FEI Number:** 04-3800786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM, INC.  
465 S. VOLUSIA AVE.  
SUITE C  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GABORIAULT, DAVID  
Address: 6095 LAKE LIZZIE DRIVE  
City-St-Zip: ST CLOUD, FL 34771

Title: MGRM  
Name: GABORIAULT, ESTHER F SEC.  
Address: 6095 LAKE LIZZIE DR.  
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID C. GABORIAULT

PRES

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date