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

DOCL	5 A C N I T	# L OFFOCOS	, I	and the same					
DOCUMENT # L05000006774  1. Entity Name							GILED		
·		RVICES, LLC					08 FEB-19 AM 8:		
Principal Place of Business Mailing Address						-	Fr Directors 2	J3	
3137 49TH			Mailing Address 3137 49TH STREET NORTH			1/	LECRETARY OF STANLLAHASSEE, FLOR	TE	
ST. PETERSBURG FL 33710 US			ST. PETERSBURG FL 33710 US					id Palamunu ur	
	Place of Busin	iess - No P.O. Box #	3. Mailing Address SAMR			-   			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					83 (10/07)	
City & Stat	e NEUS130	IRG FL	City & State			4. FEI Num	20-2458249		plied For t Applicable
Zip 33707		Country USA	Zip	Cour	ntry	5. Certifica	ate of Status Desired	\$5.00 Add Fee Required	
		and Address of Current			7. Name a	nd Address of New Registers	d Agent		
CMI	TH, DEAN	u c		Name					
313	7 49TH S	TREET NORTH BURG FL 33710			Street Address	(P.O. Box Nun	nber is Not Acceptable)		
·.									
			/		City		F	Zip Code	e
8. The above named entity subgrits this statement for the purpose of hanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
the obligations of registered agent  SIGNATURE  2-6-08									
Signature, typed or percedularities of registered approximately teld experimental signature required when reinstating) 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 MEMBE	ERS/MANAGERS	10.	1 4. £ 1. 1 £ 1. 1. £.	3.21 11	ADDITIONS/CHANG	ES	
TITLE	P	451.5	☐ Deleta	TITL				Change	☐ Addition
SMITH, DEAN F STREET ADDRESS 3137 49TH STREET NORTH				NAM STRI	eet address	3 02/2	<b>00118449</b> 8 0/0801033008	393 **300.0	n
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NAME				NAN	ME EET ADDPESS				
STREET ADDRESS CITY-ST-ZIP									
	certify that th	e information supplied wi	th this filing does ryst quality		1	ed in Section	119, Florida Statutes. I further	certify that the in	nformation
11. I hereby certify that the information supplied with this filing does not quality 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 between this report as required by Chapter 608, Florida Statutes.									
half /// ATT									
SIGNATURE:  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date Devicts Printe & Date Devicts Prin									
<u></u>	SIGNATURE A	AND TYPED OR PRINTED NAME (	JF SIGNING MANAGING MEMBER, MA	ANAGER, O	R AUTHORIZED REPRES	ENTATIVE	Date	Daytone Phone #	