

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # L05000011944

1. Entity Name
GARY CORR, LLC



Principal Place of Business
**9601 NORTH PALAFOX
SUITE 1-B
PENSACOLA, FL 32534**

Mailing Address
**3810 ARBITUS DRIVE
PENSACOLA, FL 32504**



05152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-2373587

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORR, GARY
3810 ARBITUS DRIVE
PENSACOLA, FL 32504**

**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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CORR, GARY
3810 ARBITUS DRIVE
PENSACOLA, FL 32504**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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U000000773371
09/05/07-80008-010 50.00

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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 #

7-25-07

850-501-1573

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