

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000012310**

1. Entity Name  
**G & G RESOURCES, L.L.C.**



Principal Place of Business

**2910 RUSS STREET  
MARIANNA, FL 32446**

Mailing Address

**2910 RUSS STREET  
MARIANNA, FL 32446**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FUQUA, H. MATTHEW ESQ  
4450 LAFAYETTE STREET  
MARIANNA, FL 32446**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**MGRM  
WISE, GREG  
4559 RED OAK TRACE  
MARIANNA, FL 32446**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**MGRM  
MATTISON, GARY  
74 HIDDEN LAKES  
MIRAMAR BEACH, FL 35520**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

U000000791693  
01/15/08-80044-011 138.75

**DO NOT WRITE  
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 #