

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000037105

1. Entity Name
GIBBONS BROTHERS, L.L.C.



Principal Place of Business
1695 METROPOLITAN CIR.
SUITE 6
TALLAHASSEE, FL 32308

Mailing Address
1695 METROPOLITAN CIR.
SUITE 6
TALLAHASSEE, FL 32308



03132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2687451

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARIOTIS, TERRENCE T
1695 METROPOLITAN CIR.
SUITE 6
TALLAHASSEE, FL 32308

**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

U00000304003
04/30/08-80069-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARIOTIS, JEANNE E 1406 MILLSTREAM TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARIOTIS, TERRENCE T 1406 MILLSTREAM TALLAHASSEE, FL 32312
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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: *Terrence T. Dariotis* (Terrence T. Dariotis) Managing Member

4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #