

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000040840

1. Entity Name
GISONDI REALTY, LLC



Principal Place of Business
**1101 S ROGERS CIRCLE
SUITE 15
BOCA RATON, FL 33487 US**

Mailing Address
**1101 S ROGERS CIRCLE
SUITE 15
BOCA RATON, FL 33487 US**



07092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2750434

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RONALD L. SIEGEL, P.A.
1800 NW CORPORATE BOULEVARD
SUITE 302
BOCA RATON, FL 33431**

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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
**MGRM
GISONDI, MARY
1101 S ROGERS CIR, SUITE 15
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GISONDI, DAVID
1101 S ROGERS CIR, SUITE 15
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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07/20/07-80009-008 55.00

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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

7-17-07

Date

Daytime Phone #