

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

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90062 002 ***138.75



DOCUMENT # L05000043714

1. Entity Name
 GILCHRIST COVERALL, LLC

Principal Place of Business: P.O. BOX 399, BELL FL 32619, US
 Mailing Address: P.O. BOX 399, BELL FL 32619, US



2. Principal Place of Business - No P.O. Box #: 2870 NW 45th Ave
 Suite, Apt. #, etc.

3. Mailing Address: P.O. Box 399
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State: Bell, Fla.
 Zip: 32619 Country: USA

4. FEE Number: 20-3562820 Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGE, MARTHA A
 2870 NW 45TH AVENUE
 BELL FL 32619

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ DATE: _____
Signature typed or printed name of registered agent and the filer (if filer) (NOTE: Registered agent's contact required when registering)

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 MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAGE, MARTHA A P.O. BOX 399 BELL FL 32619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Martha A. Page 01-24-08 352-463-2412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #