

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90069 048 \*\*\*138.75

**DOCUMENT # L05000055895**

1. Entity Name  
**GANTWOOD, LLC**



Principal Place of Business  
**4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224**

Mailing Address  
**4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224**

**60019203**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-2962743**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLG MANAGEMENT SERVICES, LLC  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224**

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

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
WRIGHT, ROBERT  
4315 PABLO OAKS COURT  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
STOKES, CHESTER JR  
4315 PABLO OAKS COURT  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CWMD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KUNKEL, JOHN C  
4315 PABLO OAKS COURT  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
FREDENHAGEN, SHARON W  
4315 PABLO OAKS COURT  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
HOLM, MALLORY G  
4315 PABLO OAKS COURT  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
LAWARRE, JOY L  
4315 PABLO OAKS COURT  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Joy L Lawarre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/28/08 9044821143**  
Date Daytime Phone #