

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000058643

1. Entity Name  
GEE CONSULTANT AND DEVELOPMENT L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 17. PM 1:35

Principal Place of Business  
333 CIRCLE DRIVE  
QUINCY, FL 32351

Mailing Address  
333 CIRCLE DRIVE  
QUINCY, FL 32351



2. Principal Place of Business - No P.O. Box #  
**333 CIRCLE DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**QUINCY, FL**  
Zip  
**32351**

City & State  
Zip  
Country  
**USA**

09092008 Chg-LLC CR2E083 (12/06)

4. FEI Number **30-0503461** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GEE, NANCY  
333 CIRCLE DRIVE  
QUINCY, FL 32351

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
GEE, NANCY  
333 CIRCLE DRIVE  
QUINCY, FL 32351 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
**900136161329**  
**09/19/08--01048--015 \*\*138.75**

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

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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: Nancy Gee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/12/08  
Date

627-5011  
Daytime Phone #