

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000065891

1. Entity Name
GAJADO, LLC



Principal Place of Business
**116 GRAND OAKS DRIVE
ST. AUGUSTINE, FL 32080**

Mailing Address
**116 GRAND OAKS DRIVE
ST. AUGUSTINE, FL 32080**

DO NOT WRITE IN THIS SPACE



03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-4558319

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLEY, DONNA
116 GRAND OAKS DRIVE
ST. AUGUSTINE, FL 32080**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000694321
04/17/07-80014-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KELLEY, DONNA
STREET ADDRESS	116 GRAND OAKS DRIVE
CITY- ST- ZIP	ST. AUGUSTINE, FL 32080
TITLE	MGRM
NAME	ALLIGOOD, JUDY
STREET ADDRESS	3942 A1A SOUTH
CITY- ST- ZIP	SAINT AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

4/2/07

904471-6686