2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2008
Secretary of State

DOCUMENT# L05000067031

Entity Name: GAMOPIN LLC

Current Principal Place of Business:

7 COVE VIEW CT.
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

7 COVE VIEW CT.
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 71-0985391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GAL, JOHN S
7 COVE VIEW CT.
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GAL, JOHN S	
Address:	7 COVE VIEW CT.	
City-St-Zip:	COCOA BEACH, FL 32931 FL	
Title:	MGRM	( ) Delete
Name:	MORGAN, JAMES E	
Address:	413 LINCOLN AVE.	
City-St-Zip:	CAPE CANAVERAL, FL 32920 US	
Title:	MGRM	( ) Delete
Name:	PINDZIAK, CHARLES W	
Address:	112 E. CENTRAL BLVD.	
City-St-Zip:	CAPE CANAVERAL, FL 32920 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN S GAL MGRM 07/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date