

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90029 037 ****50.00

DOCUMENT # L05000078610

1. Entity Name

GASS ENTERPRISES, LLC



Principal Place of Business
7986 LAVENDER LANE
JACKSONVILLE FL 32244

Mailing Address
7986 LAVENDER LANE
JACKSONVILLE FL 32244



2. Principal Place of Business

54383 Marsh Road
Suite, Apt. #, etc.

3. Mailing Address

54383 Marsh Road
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Callahan, Florida

City & State

Callahan, Florida

4. FEI Number

16-1753511

Applied For

Not Applicable

Zip

32011

Country

USA

Zip

32011

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASS, CHARLOTTE
7986 LAVENDER LANE
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name
Charlotte Gass
Street Address (P.O. Box Number is Not Acceptable)
54383 Marsh Road

City
Callahan

FL

Zip Code
32011

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

Charlotte Gass Charlotte Gass

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

04/13/06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GASS, CLARENCE
7986 LAVENDER LANE
JACKSONVILLE FL 32244 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GASS, CLARENCE
54383 Marsh Road
Callahan, FL 32011 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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 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:

Clarence Gass

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

04/13/06 (904) 237-5887

Date

Daytime Phone #