

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000080498

1. Entity Name
GANDY REMODELLING, RECONSTRUCTION, AND
PAINTING, LLC



Principal Place of Business
2889 W. THARPE D
TALLAHASSEE, FL 32304

Mailing Address
1418 NYLIC ST. UNIT 7
TALLAHASSEE, FL 32304

2. Principal Place of Business

3. Mailing Address

P.O. Box 21090

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, FL

Zip

Country

Zip

Country

32316

US

03312006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

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

BOOKER, ADRIAN
1418 NYLIC ST. UNIT 7
TALLAHASSEE, FL 32304

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

3/31/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BOOKER, ADRIAN
STREET ADDRESS 1418 NYLIC ST UNIT 7
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE MGR ☐ Delete
NAME BOOKER, DAMEON
STREET ADDRESS 1418 NYLIC ST UNIT 7
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE MGRM ☒ Delete
NAME KING, MIKE
STREET ADDRESS 1418 NYLIC ST UNIT 7
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE MGRM ☒ Delete
NAME JOHNSON, CASSANDRA
STREET ADDRESS 1418 NYLIC ST UNIT 7
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/31/06

850
422-2588

FILED

06 MAR 31 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

