

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000082443

1. Entity Name

CHRIS GEARING, LLC



SECRET  
DIVISION

07 SEP 26 PM 2:27

Principal Place of Business

2973 SE ORANGE TREE PLACE  
STUART FL 34997-851  
US

Mailing Address

2973 SE ORANGE TREE PLACE  
STUART FL 34997-851  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

City & State

4. FEI Number

14-1936092

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, LAURIE A  
3404 SW 72ND AVE  
PALM CITY FL 34991

Name  
CHRISTOPHER GEARING

Street Address (P.O. Box Number is Not Acceptable)

2973 SE ORANGE TREE PL.

City  
STUART

FL

Zip Code  
34997

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

*Christopher Gearing*

CHRISTOPHER GEARING

9/21/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GEARING, CHRISTOPHER  
2973 SE ORANGE TREE PLACE  
STUART FL 34997-851

TITLE  
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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: CHRISTOPHER GEARING

*Christopher Gearing*

9/20/07

772 475 3600

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

Date

Daytime Phone #