

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000087597

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** GAMEL DESIGN STUDIO, LLC

**Current Principal Place of Business:**

660 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 US

**New Principal Place of Business:**

38 BOGART PLACE  
MERRITT ISLAND, FL 32953 US

**Current Mailing Address:**

660 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 US

**New Mailing Address:**

38 BOGART PLACE  
MERRITT ISLAND, FL 32953 US

**FEI Number:** 20-3567121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONAKEY, MICHAEL J CPA  
11945 SAN JOSE BLVD  
SUITE 201  
JACKSONVILLE, FL 32223 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  
Name: GAMEL, BRIAN H BRIAN G  
Address: 38 BOGART PLACE  
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: MGRM  
Name: GAMEL, NICOLE F  
Address: 38 BOGART PLACE  
City-St-Zip: MERRITT ISLAND, FL 32953 US

I hereby 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: BRIAN GAMEL

MR.

04/28/2010

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