

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90042 029 ****50.00

DOCUMENT # L05000090496

1. Entity Name
GULSAGE INVESTMENTS, L.L.C.



Principal Place of Business
**508 EAST BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33435**

Mailing Address
**508 EAST BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1847 N.E. 211 LANE

City & State

City & State

NORTH MIAMI BEACH

Zip

Country

Zip

Country

33179

U.S.A.

03012006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3505582

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

**MOSKOVITZ, DANIEL ESQ
48 EAST FLAGLER STREET, PH-104
MIAMI, FL 33131**

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

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SAGER, STEVEN
508 EAST BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33435** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GULLO, JOSEPH
508 EAST BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33435** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joseph Gullo

JOSEPH GULLO

3-7-2006

305-936-9499

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

Date

Daytime Phone #