2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000100986

1. Entity Name
GARLICK-PANDULLO, LLC

Principal Place of Business	Mailing Address
48 AVENUE D APALACHICOLA, FL 32329	C/O LUCILLE PANDULLO 2312 NEW RD NORTHFIELD, NJ 08225

07032007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0802757
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STUDSTILL, CLAYTON B
48 AVENUE D
APALACHICOLA, FL 32329

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is $50.00
Due by September 14, 2007

U00000768429
07/12/07-80011-017 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GARLICK, DAN
STREET ADDRESS	48 AVENUE D
CITY-ST-ZIP	APALACHICOLA, FL 32329
TITLE	MGR
NAME	PANDULO, FRANCIS
STREET ADDRESS	2312 NEW RD SUITE A
CITY-ST-ZIP	NORTHFIELD, NJ 08225
TITLE	MGRM
NAME	JACOVELLI-PANDULLO, LUCILLE
STREET ADDRESS	2312 NEW RD
CITY-ST-ZIP	NORTHFIELD, NJ 08225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lucille Jacovelli-Pandullo 7-3-07 609-641-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #