

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100986

Entity Name: GARLICK-PANDULLO, LLC

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

48 AVENUE D
APALACHICOLA, FL 32329

New Principal Place of Business:

Current Mailing Address:

C/O LUCILLE PANDULLO
2312 NEW RD
NORTHFIELD, NJ 08225

New Mailing Address:

FEI Number: 76-0802757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STUDSTILL, CLAYTON B
48 AVENUE D
APALACHICOLA, FL 32329 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 () Delete
Name: GARLICK, DAN
Address: 48 AVENUE D
City-St-Zip: APALACHICOLA, FL 32329

Title: MGRM () Delete
Name: PANDULLO, FRANCIS
Address: 2312 NEW RD SUITE A
City-St-Zip: NORTHFIELD, NJ 08225

Title: MGRM () Delete
Name: JACOVELLI-PANDULLO, LUCILLE
Address: 2312 NEW RD
City-St-Zip: NORTHFIELD, NJ 08225

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PANDULLO, FRANCIS
Address: 2312 NEW RD
City-St-Zip: NORTHFIELD, NJ 08225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LUCILLE JACOVELLI-PANDULLO

MGRM

01/16/2008

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