

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90134 025 ***138.75

DOCUMENT # L05000106717 1. Entity Name GATEWAY MAINTENANCE, LLC					
Principal Place of Business 23801 HARBORVIEW ROAD 2ND FL PORT CHARLOTTE, FL 33980			Mailing Address PO BOX 380758 MURDOCK, FL 33938		
2. Principal Place of Business - No P.O. Box # 1532 RIO DE JANEIRO		3. Mailing Address Suite, Apt. #, etc.			
City & State PUNTA GORDA FL		City & State			
Zip 33983		Country		4. FEI Number 20-3793111	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent WISHARD, KRISTINE 23801 HARBORVIEW ROAD 2ND FL PORT CHARLOTTE, FL 33980					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WISHARD, WILLIAM P O BOX 380768 MURDOCK, FL 33938	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISHARD, KRISTINE P O BOX 380768 MURDOCK, FL 33938	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISHARD, KRISTINE P O BOX 380768 MURDOCK, FL 33938	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISHARD, KRISTINE P O BOX 380768 MURDOCK, FL 33938	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISHARD, KRISTINE P O BOX 380768 MURDOCK, FL 33938	<input type="checkbox"/> Delete			
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:		2.8.08 941.629.8190			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			