

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000110172

1. Entity Name
GIP, LLC



Principal Place of Business
3236 MCINTOSH ROAD
DOVER, FL 33527

Mailing Address
3236 MCINTOSH ROAD
DOVER, FL 33527



04242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-3789554

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, STEVEN W
3236 MCINTOSH ROAD
DOVER, FL 33527

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000917512
05/13/08-80039-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, STEVEN W 3236 MCINTOSH ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, RICHARD D 5710 TURKEY TREE LANE PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, DAVID L 10060 RAMBLIN HINSON ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSTON, BRET A 4010 POWERLINE ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Steven W Davis*

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

4-25-08

Date

Daytime Phone #

(813) 689-4075
(813) 689-3961