

2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90407 024 ****55.00

DOCUMENT # L05000120889

1. Entity Name

DEE GOMBER REALTY LLC



Principal Place of Business - **CHANGE:** Mailing Address - **CORRECT**

~~1957 WHITEFEATHER LANE
NOKOMIS FL 34275~~

**2100 CONSTITUTION BLVD.
SARASOTA FL 34231**

1957 WHITEFEATHER LANE
NOKOMIS FL 34275



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

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

GOMBER, DEE
1957 WHITEFEATHER LANE
NOKOMIS FL 34275

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 re-registering)

DATE

AKA - Mary D. Gomber
Dee Gomber **DEE GOMBER**

5-15-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
GOMBER, MARY D
1957 WHITEFEATHER LANE
NOLIMIS FL 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

AKA - Dee Gomber
Mary D. Gomber **MARY D. GOMBER** **5-15-07** **941-488-6215**