

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000005347

1. Entity Name

GATOR SINAGE & STRIPING LLC



FILED

07 OCT 23 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2nd MOORE

CR2E083 (4/07)



Principal Place of Business

19110 GLADES CUTOFF ROAD
~~FORT PIERCE FL 33024~~

PT. ST. LUCIE FL 34987

Mailing Address

19110 GLADES CUTOFF ROAD
~~FORT PIERCE FL 33024~~

PT. ST. LUCIE FL 34987

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

Same as above

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT. ST. LUCIE FL 34987

City & State

Same

4. FEI Number

20-4136208

Applied For

Not Applicable

Zip

34987

Country

ST. LUCIE

Zip

34987

Country

ST. LUCIE

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

HOFFMAN, TRACY J
19110 GLADES CUTOFF ROAD
FORT PIERCE FL 33024

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HOFFMAN, TRACY J
STREET ADDRESS 19110 GLADES CUTOFF ROAD
CITY-ST-ZIP FORT PIERCE FL 33024

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 300111198083
STREET ADDRESS 10/23/07--01023--016 **\$50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

10-2-07

772-468-4604