## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005347

Entity Name: GATOR SINAGE & STRIPING LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19110 GLADES CUTOFF ROAD PORT ST. LUCIE, FL 34987

Current Mailing Address: New Mailing Address:

19110 GLADES CUTOFF ROAD PORT ST. LUCIE, FL 34987

FEI Number: 20-4136208 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOFFMAN, TRACY J
19110 GLADES CUTOFF ROAD
FORT PIERCE, FL 33024 US
HOFFMAN, TRACY J
19110 GLADES CUTOFF ROAD
PORT ST. LUCIE, FL 34987 US

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: 04/29/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:HOFFMAN, TRACY JName:HOFFMAN, TRACY JAddress:19110 GLADES CUTOFF ROADAddress:19110 GLADES CUTOFF ROADCity-St-Zip:FORT PIERCE, FL 33024City-St-Zip:PORT ST. LUCIE, FL 34987

Title: SEC. ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CHRISTINA, STIGLITZ
 Name:

 Address:
 1068 LEMON STREET
 Address:

 City-St-Zip:
 OKEECHOBEE, FL 34974
 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: CHRISTINA STIGLITZ SECR 04/29/2009