
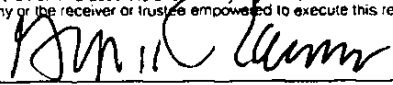


**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90197 014 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

5/1

<b>DOCUMENT # L06000007655</b>			
1. Entity Name GANDY SHOPPES, L.L.C.			
Principal Place of Business 535 CENTRAL AVE. ST. PETERSBURG, FL 33701		Mailing Address 535 CENTRAL AVE. ST. PETERSBURG, FL 33701	
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
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCDONALD, LAYLA K ESQ. 535 CENTRAL AVE. ST. PETERSBURG, FL 33701		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 registering) Signature, typed or printed name of registered agent and state if applicable _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME RAHDERT, GEORGE K STREET ADDRESS 535 CENTRAL AVE CITY - ST - ZIP ST. PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
11. I hereby certify that the information supplied with this report 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 # _____			

30010606



02132007 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0309038** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required