


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000017924 1. Entity Name GIPSON MASONRY, LLC	
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Principal Place of Business 7702 WEST FRANKLIN RD PLANT CITY, FL 33565	Mailing Address 7702 WEST FRANKLIN RD PLANT CITY, FL 33565
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3328453	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GIPSON, BRENDA M 7702 WEST FRANKLIN RD PLANT CITY, FL 33565
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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: <u>Brenda M Gypson</u> (NOTE: Registered Agent signature required when renewing) Signature, typed or printed name of registered agent and if not applicable	4/26/08 DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIPSON, BILLY G 7702 WEST FRANKLIN RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIPSON, BRENDA M 7702 WEST FRANKLIN RD PLANT CITY, FL 33565
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<p>000000930564 05/21/08-80113-025 143.75</p> DO NOT WRITE IN THIS SPACE
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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: <u>Brenda M Gypson</u> <u>Brenda M Gypson</u> 4/26/08 834780611 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
