2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/9/2(

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-09-2007 90135 024 ****50.00

DOCUMENT # L06000037965

1. Entity Name

SNYDER'S GAMBLE, LLC

Principal Place of Business	Mailing Address
1410 HIAWATHA DRIVE KISSIMMEE FL 34741	1410 HIAWATHA DRIVE KISSIMMEE FL 34741

1st MOORE CR2E083 (10/06)

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

4. FEI Number 20-4682925 ☐ 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
FOUST, KATHLEEN M 17 S. ORLANDO AVENUE KISSIMMEE FL 34741	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable *NOTE: Registered Agent signature required when reinstating

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 SNYDER, LORRAINE F 1410 HIAWATH DRIVE KISSIMMEE FL 34741 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SNYDER, ROBERT L 1410 HIAWATHA DRIVE KISSIMMEE FL 34741 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STRANGA, MARY T 544 COCONUT AVENUE SATELLITE BEACH FL 32937 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SNYDER, DAVID B 6220 LITTLE LAKE SAWYER DRIVE WINDERMERE FL 34786 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SNYDER, MARK E 4315 FANNY BASS ROAD ST. CLOUD FL 34772 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SNYDER, AMBER L 1410 HIAWATHA DRIVE KISSIMMEE FL 34741 ☐ Delete	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.

407-846-8611

SIGNATURE: Robert Snyder 3-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #