

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059955

FILED  
May 29, 2008  
Secretary of State

Entity Name: GATORFORCE TECHNOLOGIES, LLC

**Current Principal Place of Business:**

125 SW 6TH AVE  
LAKE BUTLER, FL 32054 US

**New Principal Place of Business:**

**Current Mailing Address:**

4644 SW 136TH COURT  
LAKE BUTLER, FL 32054 US

**New Mailing Address:**

125 SW 6TH AVE  
LAKE BUTLER, FL 32054 US

FEI Number: 20-5029008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GIBSON, BOBBY L MGRM  
4644 SW 136TH COURT  
LAKE BUTLER, FL 32054 US

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

GIBSON, BOBBY L MGRM  
6835 SW 82ND TRAIL  
LAKE BUTLER, FL 32054 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: BOBBY L. GIBSON

05/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIBSON, BOBBY L MGRM  
Address: 4644 SW 136TH COURT  
City-St-Zip: LAKE BUTLER, FL 32054 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GIBSON, BOBBY L MGRM  
Address: 6835 SW 82ND TRAIL  
City-St-Zip: LAKE BUTLER, FL 32054 US

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: BOBBY L. GIBSON

MGRM

05/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date