

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90169 016 ***138.75

DOCUMENT # L06000063055

1. Entity Name
GUNN HIGHWAY, LLC



Principal Place of Business
925 SOUTH FEDERAL HIGHWAY
SUITE 425
BOCA RATON, FL 33432

Mailing Address
925 SOUTH FEDERAL HIGHWAY
SUITE 425
BOCA RATON, FL 33432

P.O. Box 11111
Knoxville, TN 37939



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5173124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, MICHAEL B ESQUIRE
7777 GLADES ROAD
SUITE 400
BOCA RATON, FL 33434

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME STEVEN, LEVIN
STREET ADDRESS 925 SOUTH FEDERAL HIGHWAY, SUITE 425
CITY - ST - ZIP BOCA RATON, FL 33432

TITLE MGR
NAME KAYFAM COMPANY
STREET ADDRESS 550 MAMARONECK AVENUE, SUITE 404
CITY - ST - ZIP HARRISON, NY 10528

TITLE
NAME
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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: Steven Levin, Managing Member

(561) 948-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #