

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 18, 2007 8:00 am
Secretary of State

04-30-2007 90069 046 ****50.00

DOCUMENT # L06000063554 1. Entity Name GARY'S SIGNS, LLC					
Principal Place of Business 219 CRYSTAL DRIVE SANFORD, FL 32773			Mailing Address 219 CRYSTAL DRIVE SANFORD, FL 32773		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. EEI Number 33-1167809 <div style="float: right; border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03042007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent FUHRMANN, GARY ALLAN 219 CRYSTAL DRIVE SANFORD, FL 32773				7. Name and Address of New Registered Agent 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 reselecting) _____ 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 NAME STREET ADDRESS CITY - ST - ZIP	MGR FUHRMANN, GARY ALLAN 219 CRYSTAL DRIVE SANFORD, FL 32773 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:				386-668-5653	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

TO WHOM IT MAY CONCERN:

HAVE MADE NO MONEY
HAVE SPENT NO MONEY

JUST HOLDING NAME FOR
FUTURE USE.

Attachment
30010984
LO6 666663554