

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90028 047 ***138.75

DOCUMENT # L06000070309

1. Entity Name
GAN 3411, LLC



Principal Place of Business
**6654 - 78TH AVENUE NORTH
PINELLAS PARK, FL 33781**

Mailing Address
**6654 - 78TH AVENUE NORTH
PINELLAS PARK, FL 33781**

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

01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
34-1976072

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COCKEY, PRESTON O JR
201 NORTH FRANKLIN STREET, SUITE 3410
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **Cockey, Preston O. Jr.**
Street Address (P.O. Box Number is Not Acceptable)
110 E. Madison St, Suite 204
City **Tampa** FL Zip Code **33602**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NOWAK, GREG A
6654 - 78TH AVENUE NORTH
PINELLAS PARK, FL 33781** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
YEPES, CARLOS A
6654 - 78TH AVENUE NORTH
PINELLAS PARK, FL 33781** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

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

Greg A. Nowak

Date

Daytime Phone #

4-10-08 727-536-8680