

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000077346

1. Entity Name
THE GILLRIE GROUP, LLC



Principal Place of Business
5818 OLD PASCO ROAD
WESLEY CHAPEL, FL 33544 US

Mailing Address
5818 OLD PASCO ROAD
WESLEY CHAPEL, FL 33544 US



02052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5375905

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GREGORY L
4554 WINDMILL DRIVE
INVERNESS, FL 34453

**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	MGR
NAME	GILLRIE, ADAM H
STREET ADDRESS	5126 CULPEPPER PLACE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	MGR
NAME	MCDONALD, ANNE C
STREET ADDRESS	95 PHOBURN COURT, APT. C
CITY-ST-ZIP	STANFORD, CA 94305
TITLE	MGR
NAME	WELCH, LAURA E
STREET ADDRESS	250 DEL MEDIO AVE., APT 101
CITY-ST-ZIP	MOUNTAINVIEW, CA 94040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000824113
02/20/08-80065-002 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/5/08 (813) 84-2261