

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # L06000082292

1. Entity Name
GAMM I, LLC



Principal Place of Business

**1022 EMERALD DRIVE
BRANDON, FL 33511**

Mailing Address

**1022 EMERALD DRIVE
BRANDON, FL 33511**



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FBI Number
20-5613431

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33569**

**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 renouncing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	IPPOLITO, ANGELO D
STREET ADDRESS	1022 EMERALD DRIVE
CITY - ST - ZIP	BRANDON, FL 33511
TITLE	MGRM
NAME	IPPOLITO, GRACE M
STREET ADDRESS	1022 EMERALD DRIVE
CITY - ST - ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000798100
01/30/08-80013-023 138.75

**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 #

Angelo D. Ippolito **Angelo D. Ippolito** **23 JAN 2008** **813-689-1880**