

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90059 024 ****50.00

DOCUMENT # L06000082293

1. Entity Name
GAMM II, LLC



Principal Place of Business
**1022 EMERALD DRIVE
BRANDON, FL 33511**

Mailing Address
**1022 EMERALD DRIVE
BRANDON, FL 33511**



2. Principal Place of Business - No P.O. Box #

GAMM II LLC

3. Mailing Address

GAMM II LLC

Suite, Apt. #, etc.

1022 Emerald DR

Suite, Apt. #, etc.

1022 Emerald DR

City & State

Brandon, FL

City & State

Brandon, FL

Zip

33511

Country

Hillsborough

Zip

33511

Country

Hillsborough

01072007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-5613865

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IPPOLITO, ANGELO D	
STREET ADDRESS	1022 EMERALD DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IPPOLITO, GRACE M	
STREET ADDRESS	1022 EMERALD DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Grace M. Ippolito* **Grace M. Ippolito** **1/8/07** **813-689-1880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #