

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000103009

Entity Name: GATO, LLC

**FILED**  
**Jan 19, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

18090 COLLINS AVENUE, T-17 B-23  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18090 COLLINS AVENUE, T-17 B-23  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 11-3806836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIFFMAN, ADAM R  
2999 N.E. 191ST STREET, SUITE 900  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TODD, GALINA  
Address: 18090 COLLINS AVENUE, T-17 B-23  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GALINA TODD

MGR

01/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date