2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000112022

1. Entity Name
JOHN GEMBECKI AND ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
352 FAIRGREEN PLACE CASSELBERRY, FL 32707	352 FAIRGREEN PLACE CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE

04042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
11-3798951	Not Applicable

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

6. Name and Address of Current Registered Agent

GEMBECKI, JOHN
352 FAIRGREEN PLACE
CASSELBERRY, FL 32707

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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

04/17/08-80017-021 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR
NAME	GEMBECKI, JOHN
STREET ADDRESS	352 FAIRGREEN PLACE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	MGR
NAME	GEMBECKI, DEBBIE
STREET ADDRESS	352 FAIRGREEN PLACE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Debbie L. Gembecki_   4/04/08   407-696-2269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #