

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90186 022 ****50.00

DOCUMENT # L06000117747

1. Entity Name

GTB ENTERPRISES, LLC



Principal Place of Business

13197 49TH STREET NORTH
CLEARWATER FL 33762
US

Mailing Address

13197 49TH STREET NORTH
CLEARWATER FL 33762
US

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

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 17322

Suite, Apt. #, etc.

City & State

City & State
Clearwater, Florida

Zip

Country

Zip

33762

Country

USA

4. FEI Number

20-8013557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

LASMAN, JEFFREY M
6152 DELANCEY STATION STREET
SUITE 205
RIVERVIEW FL 3569

7. Name and Address of New Registered Agent

Name

Robert J Drechsel

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

13197 - 49th Street North

City

Clearwater

FL

Zip Code
33762

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 Robert J Drechsel, MGRM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DRECHSEL, ROBERT J
13197 49TH STREET NORTH
CLEARWATER FL 33762 ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert J. Drechsel, MGRM 3/15/07 727-572-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #