

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90023 005 ****50.00

DOCUMENT # L06000118546

1. Entity Name
GTF, LLC



Principal Place of Business
3631 S. ACCESS ROAD
ENGLEWOOD, FL 34224

Mailing Address
C/O DOROTHY L. KORSZEN
99 NESBIT STREET
PUNTA GORDA, FL 33950

60032322



2. Principal Place of Business - No P.O. Box #
3631 S. Access Rd

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232007 Chg-LLC CR2E083 (12/06)

City & State
Englewood, FL
Zip
34224 Country
USA

City & State
Zip Country

4. FEI Number
20-8035704 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KORSZEN, DOROTHY
FARR, FARR, EMERICH, HACKETT AND CARR, PA
99 NESBIT STREET
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name
Kevin Feuser

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

3631 S. Access Rd

City
Englewood FL Zip Code
34224

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/07

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Kevin Feuser
3631 S. Access Rd
Englewood, FL 34224

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/26/07 941-474-3456