

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000119137**

1. Entity Name  
**GTE INVESTMENTS LLC**



Principal Place of Business Mailing Address  
**12636 NICOLE LANE 12636 NICOLE LANE**  
**TAMPA, FL 33625 US TAMPA, FL 33625 US**



01122008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-8056908**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**EISINGER, KEVIN**  
**12636 NICOLE LANE**  
**TAMPA, FL 33625**

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**TOLLEY, MICHAEL**  
**P.O. BOX 56480**  
**SAINT PETERSBURG, FL 33732**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**EISINGER, KEVIN**  
**P.O. BOX 56480**  
**SAINT PETERSBURG, FL 33732**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**GONZALEZ, RICHARD**  
**P.O. BOX 56480**  
**SAINT PETERSBURG, FL 33732**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**TOLLEY, SIMONE**  
**P.O. BOX 56480**  
**SAINT PETERSBURG, FL 33732**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**GONZALEZ, LAURA**  
**P.O. BOX 56480**  
**SAINT PETERSBURG, FL 33732**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000791401  
01/23/08-80073-017 138.75

**DO NOT WRITE  
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:**

*Kevin Eisinger*

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

1/16/08

913-963-0162

Date

Daytime Phone #