

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90122 014 ***138.75

DOCUMENT # L07000001788

1. Entity Name
GALL-CON LLC



Principal Place of Business
**1425 COMPTON ST
BRANDON, FL 33511**

Mailing Address
**1425 COMPTON ST
BRANDON, FL 33511**

50007051

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05192008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8176289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, VINCENT
1425 COMPTON ST
BRANDON, FL 33511**

Name

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

City

FL

Zip Code

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GALLAGHER, VINCENT
1425 COMPTON ST
BRANDON, FL 33511** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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

5/25/08 813-546-0185

Date

Daytime Phone #

ATTACHMENT

50007051

607000001788

Gall-Con LLC

FEI # 20-8176289

1425 Compton St.

Brandon, Fl. 33511

May 25, 2008

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir,

Attached please find my 2008 Limited Liability Company Report and payment for the annual fee of \$138.75. I did not receive notice.

Sincerely,



Vincent Gallagher