FILED
Mar 03, 2008 8:00 am
Secretary of State

1

01-14-2008 90040 049 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000009662

1. Entity Name
GENTLEMEN NOTARY , LLC

Principal Place of Business	Mailing Address
717 W KALMIA DR. LAKE PARK, FL 33403	717 W KALMIA DR. LAKE PARK, FL 33403
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

01062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0617514 ☐ 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
LAWRENCE, GUSSIE 717 W KALMIA DR. LAKE PARK, FL 33403	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~FILE NOW!!! FEE IS $138.75~~
After May 1, 2008 Fee will be $538.75

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO LAWRENCE, GUSSIE 717 W KALMIA DR. LAKE PARK FL 33403 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO LAWRENCE GUSSIE 717 W KALMIA DR. LAKE PARK FL 33403 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. SAMUEL THOMPSON 717 W KALMIA DR. LAKE PARK FL 33403 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR SAMUEL THOMPSON 717 W KALMIA DR. LAKE PARK FL 33403 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / 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: Gussie Lawrence 02/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #