FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90023 001 ***138.75
01-09-2008 90023 002 *****5.00

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30000007

DOCUMENT # L07000018849

1. Entity Name
GERI ONE, LLC

Principal Place of Business	Mailing Address
10105 DAY LILY CT. BRADENTON, FL 34212	10105 DAY LILY CT. BRADENTON, FL 34212

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

01042008 Chg LLC CR2E083 (12/06)

4. FEI Number 37-1538089 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
RIKI, DAVID 10105 DAY LILY CT. BRADENTON, FL 34212	Name RIKL, DAVID Street Address (P.O. Box Number is Not Acceptable) 10105 DAY LILY CT. City BRADENTON FL Zip Code 34212

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIKI, DAVID 10105 DAY LILY CT. BRADENTON, FL 34212 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIKL, DAVID 10105 DAY LILY CT. BRADENTON, FL 34212 ☒ 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
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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: David Rikl DAVID RIKL 1/4/2008 941-301 9681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #