

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019726

Entity Name: G&T ONE, LLC

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

3350 BUSCHWOOD PARK DRIVE
STE 165
TAMPA, FL 33618

New Principal Place of Business:

2701 W BUSCH BLVD
STE 155
TAMPA, FL 33618

Current Mailing Address:

PO BOX 271508
TAMPA, FL 33688

New Mailing Address:

FEI Number: 68-0644484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, GARY J
3350 BUSCHWOOD PARK DRIVE
STE 165
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

JOHNSON, GARY J
2701 W BUSCH BLVD
STE 155
TAMPA, FL 33618 US

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.

SIGNATURE: GJJ

03/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, GARY J
Address: 3350 BUSCHWOOD PARK DRIVE
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: GIUDICY, ANTHONY J
Address: 3350 BUSCHWOOD PARK DRIVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, GARY J
Address: 2701 W BUSCH BLVD, STE 155
City-St-Zip: TAMPA, FL 33618

Title: MGRM (X) Change () Addition
Name: GIUDICY, ANTHONY J
Address: 2701 W BUSCH BLVD, STE155
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY J JOHNSON

MGR

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date