

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90048 011 \*\*\*138.75

**DOCUMENT # L07000028497**

1. Entity Name  
1120 N. WASHINGTON, LLC



Principal Place of Business  
1074 N. ORANGE AVENUE  
SUITE 102  
SARASOTA, FL 34236 US

Mailing Address  
1074 N. ORANGE AVENUE  
SUITE 102  
SARASOTA, FL 34236 US

60001466



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-8688502  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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

GATES, CHAD L  
1074 N. ORANGE AVENUE  
SUITE 102  
SARASOTA, FL 34236

**7. Name and Address of New Registered Agent**

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**  
**After May 1, 2008 Fee will be \$538.75**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
CHAD L. GATES  
1074 N. ORANGE AVE., STE 102  
SARASOTA FL 34231

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
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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

Date

Daytime Phone #

1/8/08

941-955-0703