06/24/2003 07:11 9043662786 HBDC EWC

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Jul 24, 2008 8:00 am
Secretary of State
05-02-2008 90026 010 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000086052

1. Entity Name
GATEWAY BOOK STORE, LLC

30010545

Principal Place of Business
5238-22 NORWOOD AVENUE
JACKSONVILLE, FL 32208

Mailing Address
5238-22 NORWOOD AVENUE
JACKSONVILLE, FL 32208

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

04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0803930 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HUGHES, DOROTHY P
2708 CALDAR COURT
JACKSONVILLE, FL 32259

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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dorothy Hughes 2708 Caldar Court Jacksonville, FL 32259 ☐ 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: Dorothy P. Hughes 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #