

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/10/2008-90126-029-\$138.75-\$138.75

DOCUMENT # L07000100604

1. Entity Name
GTG-JAX, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 AM 9:38

Principal Place of Business
11801 CENTRAL PARKWAY
JACKSONVILLE, FL 32224

Mailing Address
PO BOX 318
BOHERRIA, NY 11716
Bohemia

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
11801 CENTRAL PARKWAY
Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32224

Country
DUVAL



03142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
75-3262071

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAOL, PHILLIP
5601 COLLINS AVE STE 1711
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
SEE NEW ADDRESS BELOW
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 reappointing) 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	MGRM SHAOL, PHILLIP PO BOX 234409 GREAT NECK, NY 11023	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELNAGHAVE, EHSAN 48 WANNICK RD GREAT NECK, NY 11023	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHADUL, PHILIP 7 STONER AVENUE GREAT NECK, NY 11023 5601 COLLINS AVE. MIAMI BEACH FL 33140	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: *[Signature]* 4/3/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

B. Tisdock JUN 18 2008