

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108626

Entity Name: BILLGIMBELART LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

24604 BUCKINGHAM WAY  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

24604 BUCKINGHAM WAY  
PORT CHARLOTTE, FL 33980 US

**New Mailing Address:**

FEI Number: 26-1305105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIMBEL, BILL  
24436 BUCKINGHAM WAY  
PORT CHARLOTTE, FL 33980 US

**Name and Address of New Registered Agent:**

GIMBEL, BILL  
24604 BUCKINGHAM WAY  
PORT CHARLOTTE, FL 33980 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:

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIMBEL, BILL  
Address: 24604 BUCKINGHAM WAY  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: MGRM ( ) Delete  
Name: GIMBEL, JANET  
Address: 24436 BUCKINGHAM WAY  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GIMBEL, JANET  
Address: 24604 BUCKINGHAM WAY  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

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: BILL GIMBEL

MGRM

04/30/2008

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