

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 FEB 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02192008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000122105

1. Entity Name
G.A.M.F. LLC.



Principal Place of Business
7211 LAKE FLOY CIR.
ORLANDO, FL 32819 US

Mailing Address
7211 LAKE FLOY CIR.
ORLANDO, FL 32819 US

2. Principal Place of Business - No P.O. Box #
927 Fern St.
Suite, Apt. #, etc.
Suite 2500
City & State
Altamonte Springs, FL.
Zip
32701
Country
USA

3. Mailing Address
927 Fern St.
Suite, Apt. #, etc.
Suite 2500
City & State
Altamonte Springs, FL.
Zip
32701
Country
USA

6. Name and Address of Current Registered Agent
HIDALGO, MIKE
7211 LAKE FLOY CIR.
ORLANDO, FL 32819

4. FEI Number
26-1702531

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
Hidalgo, Mike
Street Address (P.O. Box Number is Not Acceptable)
927 Fern St. Suite 2500
City
Altamonte Springs FL Zip Code
32701

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 _____ (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	MGRM HIDALGO, MIKE 7211 LAKE FLOY CIR. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hidalgo, Mike MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 927 Fern St. Suite 2500 Altamonte Springs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, VALENTINO <input checked="" type="checkbox"/> Delete 7211 LAKE FLOY CIR. ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000118450130 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/20/08--01033--010 ***60.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVEIRA, JEANNIER <input type="checkbox"/> Delete 7211 LAKE FLOY CIR. ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Oliveira Jeannier MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 927 Fern St. Suite 2500 Altamonte Springs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000118450130 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/20/08--01033--011 ***78.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **2/19/08** **407 463 6405**

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