


1072

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

10 AUG 31 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000114154	
1. Entity Name GUNNAR INDUSTRIES, LLC	

Principal Place of Business 205 LEISURE CIRCLE PORT ORANGE, FL 32127 US	Mailing Address 205 LEISURE CIRCLE PORT ORANGE, FL 32127 US
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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

08122010 Chg-LLC CR2E083 (11/08)

4. FEI Number 27-1402824	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD. A-100 TAMPA, FL 33612		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 24, 2010**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER, JAMES 205 LEISURE CIRCLE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100184914971 08/31/10--01037--009 **5.00	<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	100184914971 08/31/10--01037--010 **538.75	<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
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

August 24, 2010 3868820525

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2010

JAMES TUCKER
GUNNAR INDUSTRIES, LLC
205 LEISURE CIRCLE
PORT ORANGE, FL 32127

SUBJECT: GUNNAR INDUSTRIES, LLC
Ref. Number: W10000038086

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GUNNAR INDUSTRIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you are trying to file an Annual Report form; however, the filing you submitted is not an Annual Report form. Instead of submitting an Annual Report form, you have submitted the document to establish an entirely new entity by the same name.

To correct this situation you must complete the enclosed annual report form and return it to my attention along with a copy of this letter and a check made payable to the Florida Department of State, if applicable. The money you submitted for the enclosed Articles of Organization, if any, will be applied to your annual report filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 310A00019400