FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING \$ 203	FEE A	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF STATE TALLAHASSEE. FLORIDA			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9400000663							7	IMLLANA	SSEE.F	LORIDA	
G/G, L.C. P.O. BOX 698 SARASOTA FL 34230 If above malling address is incorrect in any way, line through incorrect information and enter correction in Block 2a.						18. Principal Place of Business Address 3815 N OSPREY AVE SARASOTA FL 34234					
				ng Address	311101 001	THOUGHT IN CHICA Ed.	3. Date Organiz	red or Qualified	3a. State	of Formation	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				12/06/19 4. FEI Number		FL	Applied For	
City & State			City & State				- 65~05443	65-0544373 Not Applicable			
Zip	Country Zip		Zip			try	5. Date of Last	•		onal Fee flequired	
	7. Name and /	Address of Current Re	gistered /	Agent		1	8. Name and Address of New Registered Agent				
9. Pursua its register as register	ered office or registered ered agent, and accep	of Sections 608.416 and d agent, or both, in the St of the obligations.	tate of Florid	ida. Such chang	e was a	authorized by affirm	od liability company s ative vote of a majori	-04/03 **** FL submits this state	3/97	cept the appointment	
(Registered Agent Accepting Appointment)				OTE: Registered Ager			ng)	· · · · · · · · · · · · · · · · · · ·			
10. Title	Managing	Members/Managers			Busine	ess Street Address		Спу	, State and Z	ip Code	
MGRM	ATCO, INC	•	3	815 N (OSPI	REY AVE		SARASOT.	A FL		
MGRM	ROGERS, RI	UTH A	1	255 GUI	LF S	STREAM AV	/E	SARASOT	A FL		
MGRM	HESSER, HAROLD M 4			714 AC	ORN	CIR		BRADENTON FI			
MGRM	IGRM MILHOLLAND, JACK W JR 🚄			203 BAY	L DI	RAL CIRC	BRADENTON FL				
MGRM	ELWELL, A	LAN M	1	231 SUN	INYS	SIDE LN		SARASOT.	A FL	.0 0	

11. I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

Ma W SULL MALAN MI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APPROVED AND FILED

1997 APR -2 PH 3: 28