

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001490

1. Entity Name

GALLACHER ENTERPRISES, LC



Principal Place of Business

9183 SOUTH FALCON WAY
SANDY UT 84093

Mailing Address

9183 SOUTH FALCON WAY
SANDY UT 84093



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number 87-0519070

Applied For

Not Applicable

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

PHALIN, LAWRENCE J ESQ.
225 E. ROBINSON STREET
SUITE 600, LANDMARK CENTER TWO
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GALLACHER, RICHARD T
9183 SOUTH FALCON WAY
SANDY UT 84093 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000000571571
07/21/06-80001-019 50.00 ☐ Change ☐ Addition

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

Date

Daytime Phone #

7-16-06 801 944-9579