

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90171 042 \*\*\*\*55.00

**DOCUMENT # M06000003344**

1. Entity Name

W.G. PEEK & ASSOCIATES, LLC



Principal Place of Business

Mailing Address

3424 PEACHTREE RD., N.E., SUITE 450  
ATLANTA GA 30326

3424 PEACHTREE RD., N.E., SUITE 450  
ATLANTA GA 30326

2. Principal Place of Business - No P.O. Box #

3005 Business Park Drive

3. Mailing Address

3005 Business Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Norcross GA

City & State

Norcross GA

Zip

30071

Country

USA

Zip

30071

Country

USA

4. FEI Number

55-0907081

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SWEET, ROBIN  
3915 HAMMOCK RD.  
MIMS FL 32754

7. Name and Address of New Registered Agent

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
PEEK, W. GARDNER  
3424 PEACHTREE RD., N.E., SUITE 450  
ATLANTA GA 30326 ☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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10. ADDITIONS/CHANGES

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CITY - ST - ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*W. Gardner PEEK*

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

Date

Daytime Phone: #