

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90434 021 ****50.00

DOCUMENT # M06000006030

1. Entity Name

GILARDI REALTY OF SANFORD, LLC.



Principal Place of Business

2301 LAKE MARY BLVD. E
SANFORD, FL 32773

Mailing Address

2301 LAKE MARY BLVD. E
SANFORD, FL 32773

DO NOT WRITE IN THIS SPACE

60031000



01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

34-1873636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILARDI, PHILIP M
2301 LAKE MARY BLVD. E
SANFORD, FL 32773

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GILARDI, FRANK A JR.
STREET ADDRESS	2301 LAKE MARY BLVD. E
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	MGR
NAME	GILARDI, PHILIP M
STREET ADDRESS	2301 LAKE MARY BLVD. E
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	CEO
NAME	Devon Bear
STREET ADDRESS	2301 L. K. Mary Blvd. E
CITY - ST - ZIP	Sanford, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/17/07

937-498-4664