

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000325

1. Entity Name
GAVIN CO., L.C.



Principal Place of Business
**190 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**190 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3563222

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAVIN, DANIEL G
190 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

**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 reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAVIN, JOHN J JR. 1220 INDUSTRIAL AVE HIAWATHA, IA 52233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAVIN, DANIEL G 190 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/23/04-80053-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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 #

2/13/04 319 366 7824