

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000109192

**Entity Name:** GABALLI, LLC

**Current Principal Place of Business:**

4327 SOUTH HIGHWAY 27  
#224  
CLERMONT, FL 34711

**Current Mailing Address:**

4327 S HWY 27  
SUITE #224  
CLERMONT, FL 34711 US

**FEI Number:** 45-3438454

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUZANNE, TISHA  
4327 SOUTH HIGHWAY 27  
#224  
CLERMONT, FL 34711 US

*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.*

**SIGNATURE:** TISHA SUZANNE

04/27/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SUZANNE, TISHA  
Address 4327 S HWY 27  
SUITE #224  
City-State-Zip: CLERMONT FL 34711

Title MGRM  
Name ROSE, LAVONNA  
Address 11441 COUNTY ROAD 75  
City-State-Zip: KENTON OH 43326

Title MGRM  
Name ROSE, JAMES  
Address 11441 COUNTY ROAD 75  
City-State-Zip: KENTON OH 43326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TISHA SUZANNE

**PRESIDENT**

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date