

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-17-2007 90248 018 ****50.00

DOCUMENT # L03000018547 1. Entity Name GCD INVEST, LLC					
Principal Place of Business 1921 WALDEMERE STREET SUITE 306 SARASOTA, FL 34239			Mailing Address 1921 WALDEMERE STREET SUITE 306 SARASOTA, FL 34239		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0518680	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEA, JOHN J 2940 S. TAMiami TRAIL SARASOTA, FL 34239			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 _____ (NOTE: Registered Agent signature required when re-electing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR. LAZIN, ANDREW L 1921 WALDEMERE STREET, STE 306 SARASOTA, FL 34239	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR. IMPERIO, DENNIS 1921 WALDEMERE STREET, STE 306 SARASOTA, FL 34239	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR. PIPOVSKI, LAZO 5656 ASHTON LAKE DRIVE SARASOTA, FL 34231	☒ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MANAGING MEMBER MEDABOIST, LLC 5656 ASHTON LAKE DRIVE SARASOTA, FL 34231	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-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: <u>Lazo P. Pirovski, MGR</u> 4/6/07 (941) 917-8722					