2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State
04-07-2008 90239 027 ***143.75

DOCUMENT # L07000127407

1. Entity Name
G.E.D.F., LLC

Principal Place of Business	Mailing Address
4411 NORTH FEDERAL HWY POMPANO BEACH, FL 33064	4411 NORTH FEDERAL HWY POMPANO BEACH, FL 33064

02112008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	2611 NE 45 St Suite, Apt. #, etc.
City & State	City & State: Lighthouse Point, Fl
Zip / Country	Zip: 33064 / Country: USA

4. FEI Number: 26-2567889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, ROBIN 4411 NORTH FEDERAL HWY POMPANO BEACH, FL 33064	Name: Davis, Robin Street Address (P.O. Box Number is Not Acceptable): 2611 NE 45 St City: Lighthouse Point FL Zip Code: 33064

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: Robin Davis 4/3/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVIS, ROBIN 4411 NORTH FEDERAL HWY POMPANO BEACH, FL 33064	☐ Delete	mgr Davis, Robin 2611 NE 45 St, Lighthouse Point Fl 33064	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Robin Davis Robin Davis 4/3/08 (954) 7838318
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #