

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011242

Entity Name: G2 & L3, LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17434 NE 18TH AVENUE  
CITRA, FL 32113 US

**New Principal Place of Business:**

**Current Mailing Address:**

10627 LIBERTY BELL DRIVE  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 27-1793888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLEGROVE, LES  
15907 RACE TRACK RD  
ODESSA, FL 33556 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EDWARDS, GROVER  
Address: 10627 LIBERTY BELL DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: MGR  
Name: EDWARDS, LINDA  
Address: 10627 LIBERTY BELL DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: MGR  
Name: STONE, LYNN  
Address: 1606 MEXICO AVE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR  
Name: STONE, GUY  
Address: 1606 MEXICO AVE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR  
Name: COLEGROVE, LES  
Address: 15907 RACE TRACK RD  
City-St-Zip: ODESSA, FL 33556 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GROVER EDWARDS

MGRM

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date