

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059419

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** GYD LLC

**Current Principal Place of Business:**

8181 NORTH UNIVERSITY DRIVE  
124  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

8179 NORTH UNIVERSITY DRIVE  
103  
TAMARAC, FL 33321 US

**Current Mailing Address:**

8181 NORTH UNIVERSITY DRIVE  
124  
TAMARAC, FL 33321 US

**New Mailing Address:**

8179 NORTH UNIVERSITY DRIVE  
103  
TAMARAC, FL 33321 US

**FEI Number:** 26-2989487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, CHRISTOPHER  
8181 NORTH UNIVERSITY DRIVE  
124  
TAMARAC, FL 33321 US

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

GARCIA, CHRISTOPHER  
8179 NORTH UNIVERSITY DRIVE  
103  
TAMARAC, FL 33321 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: CHRISTOPHER GARCIA

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GARCIA, CHRISTOPHER  
Address: 8181 NORTH UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, CHRISTOPHER  
Address: 8179 NORTH UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRISTOPHER GARCIA

MGR

04/15/2009

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