

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000052258

**Entity Name:** GNE GROUP LLC

**Current Principal Place of Business:**

6063 AUTUMN MOON DR  
FORT MILL, SC 29715

**Current Mailing Address:**

6063 AUTUMN MOON DR  
FORT MILL, SC 29715

**FEI Number:** 81-2058600

**Certificate of Status Desired:** No

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

WINIKOFF, ANDREW  
902 CLINT MOORE RD  
132  
BOCA RATON, FL 33487 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           GILLEN, BRAD  
Address        6063 AUTUMN MOON DR  
City-State-Zip: FORT MILL SC 29715

Title           MANAGER  
Name           POULSON, MARK  
Address        10970 EAGLES NEST LANE  
City-State-Zip: WOODBURY MN 55129

Title           MANAGER  
Name           HICKS, DAVID  
Address        1468 PINETTA RD  
City-State-Zip: OCILLA GA 31774

*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:** BRAD GILLEN

**MANAGER**

**04/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date