

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000134192

**Entity Name:** G & CM PARTNERSHIP, LLC.

**Current Principal Place of Business:**

1596 KENNESAW DR  
CLERMONT, FL 34711

**Current Mailing Address:**

P.O BOX 121734  
CLERMONT, FL 34712 US

**FEI Number: 84-1943476**

**Certificate of Status Desired: No**

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

GAMACHE, GARY J SR  
1596 KENNESAW DR  
CLERMONT, FL 34711 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	P	Title	MGR
Name	GAMACHE, GARY J SR	Name	GAMACHE, CAITLYN M
Address	1596 KENNESAW DR	Address	1596 KENNESAW DR
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*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: GARY J. GAMACHE**

**PRESIDENT**

**01/08/2021**

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

\_\_\_\_\_  
Date