2001 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # L0000000590  1. Entity Name								
GC'S OFFICE SOLUTIONS, LLC					FILED			
					01 JAN 25 AM 10: 38			
Principal Place of Business Mailing Address 6111 NW 34TH TERRACE 6111 NW 34TH TERRACE					SECRETARY	OF STATE		
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
6111	Place of Business NW 3447 TELL	3. Mailing Address 6111 NW 34+4 TELL		e	T TORRIDON OUR REAL BEING DERNY BRAND BRAND BRAND GRAND GRAND GALLAG FRANK COAL HACT			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN	THIS SPACE		
	AUDERDANE, FL.	City & State FLANDERDALE, PL		4. FEI	Number   002590	No.	oplied For ot Applicable	
3330	Country 1/5A	Zip 33309	Country	5. Cert	ificate of Status Desired	55.00 Add	ditional	
	6. Name and Address of Current I	Registered Agent		7. Nam	e and Address of New Regist	ered Agent		
SIMMONS, STEPHEN J								
321 S.E. 15TH AVENUE					Number is Not Acceptable)	<del></del>		
FORT LAUDERDALE FL 33301								
			City			FL Zip Cod	e	
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.								
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State								
9.	MANAGING MEMBE		10.		ADDITIONS/CHA	NOTE		
TITLE	MEMBEL	☐ Delete	TITLE	membe	0	☐ Change	Addition	
NAME STREET ADDRESS	RHONDA WORSEN	AvE.	NAME STREET ADDRESS	RHONDA	WOLSENA ISI ST AVE		3	
CITY-ST-ZIP	PEMBROICE PINE	5, FL 33028	CITY-ST-ZIP	PEMBLE	DRE PLACE, H	33028	}	
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STREET APDRESS CITY-ST-ZIP		ı	STREET ADDRESS CITY-ST-ZIP					
11. I hereby of	certify that the information supplied with	this filing does not qualify for th	e exemption state	ted in Section 119.	07(3)(i), Florida Statutes. I furth	er certify that the in	nformation	
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: SIGNATURE AND TYPED OR PHISTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Device Proper								
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANAG	ER, OR AUTHORIZED	REPRESENTATIVE	Date	Daytime Phone #		