

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90056 037 ****50.00

DOCUMENT # L00000003730
1. Entity Name
~~GSG SOURCING LLC~~
GSG SOURCING LLC

DO NOT WRITE IN THIS SPACE

051502

2. Principal Place of Business <u>GSG Sourcing LLC</u> <u>303 B Habana Avenue South</u> <u>Tampa, FL 33609</u>		3. Mailing Address <u>GSG Sourcing LLC</u> <u>303 B Habana Avenue South</u> <u>Tampa, FL 33609</u>	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEL Number <u>593636398</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <u>JOSEPA DASCOLA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>303 B HABANA AVE SOUTH</u>	
City <u>TAMPA</u>	FL <u>33609</u>

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MEM</u> <u>JOSEPA DASCOLA</u> <u>303 B HABANA AVE SOUTH</u> <u>TAMPA FL 33609</u>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/02

813-879-4676

Date

Daytime Phone #

CR2E083B (12/01)