

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003730

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: GSG SOURCING, LLC

**Current Principal Place of Business:**

303 B HABANA AVENUE SOUTH  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

303 B HABANA AVENUE SOUTH  
TAMPA, FL 33609

**New Mailing Address:**

303 B S HABANA AVENUE SOUTH  
TAMPA, FL 33609

FEI Number: 59-3636398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DASCOLA, JOSEPH  
612 SEASCAPE WAY  
TAMPA, FL 33602 US

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

DASCOLA, JOSEPH  
303 B S HABANA AVENUE SOUTH  
TAMPA, FL 33609 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:

01/06/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: D ( ) Delete  
Name: DASCOLA, JOSEPH  
Address: 612 SEASCAPE WAY  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: FINLEY, JOHN  
Address: 40 KING ST WEST  
City-St-Zip: TORONTO, CA MSH327

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DASCOLA, JOSEPH  
Address: 303 B S HABANA AVENUE SOUTH  
City-St-Zip: TAMPA, FL 33609

Title: MGR (X) Change ( ) Addition  
Name: FINLEY, JOHN  
Address: 40 KING ST WEST  
City-St-Zip: TORONTO, CA MSH327

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH DASCOLA

MGR

01/06/2004

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