

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-08-2008 90102 040 ***138.75

DOCUMENT # L00000015458

1. Entity Name
GBI SERVICES, LLC



Principal Place of Business
11780 U.S. HIGHWAY #1
SUITE 500
NORTH PALM BEACH, FL 33408

Mailing Address
11780 U.S. HIGHWAY #1
SUITE 500
NORTH PALM BEACH, FL 33408

30009821



03172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1060771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAILE, SHAW & PFAFFENBERGER, P.A.
660 U.S. HIGHWAY ONE
3RD FLOOR
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!!. FEE IS \$138.75
After May 1, 2009 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **GOLDEN BEAR INTERNATIONAL, INC**
STREET ADDRESS **11780 US HIGHWAY ONE, #500**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **Managing Member**
NAME **Nicklaus Companies, LLC**
STREET ADDRESS **11780 U.S. Highway One, #500**
CITY-ST-ZIP **North Palm Beach, FL 33408**

MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Donna D. Ditty
Donna Ditty
Sec of State
3/20/08

861.227.0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #