

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90258 001 ****55.00

DOCUMENT # L00000016147

1. Entity Name

GMP, LLC



Principal Place of Business

1207 DANIELS RD.
WINTER GARDEN FL 34787

Mailing Address

420 BUTLER ST.
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E083 (11/03)

4. FEI Number

59-3694169

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, SUSAN D
420 BUTLER ST.
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete
NAME DANIELS, DAVID
STREET ADDRESS 812 CENTERBROOK DR.
CITY-ST-ZIP BRANDON FL 33511

TITLE VP ☐ Delete
NAME SHAW, SUSAN
STREET ADDRESS 420 BUTLER ST.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE S ☐ Delete
NAME SHAW, SUSAN
STREET ADDRESS 420 BUTLER ST.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE T ☐ Delete
NAME DANIELS, DAVID
STREET ADDRESS 812 CENTERBROOK DR.
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 426 Butler St.
STREET ADDRESS Windermere, FL 34786 (after 9/30/04)
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 426 Butler St.
STREET ADDRESS Windermere, FL 34786 (after 9/30/04)
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Susan Shaw* *Susan Shaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/29/04 *407-876-3821*
Date Daytime Phone #