

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016147

Entity Name: GMP, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1207 DANIELS RD.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

426 BULTER ST
WINDERMERE, FL 34786

New Mailing Address:

426 BUTLER ST
WINDERMERE, FL 34786

FEI Number: 59-3694169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, SUSAN D
426 BUTLER ST
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: DANIELS, DAVID
Address: 812 CENTERBROOK DR.
City-St-Zip: BRANDON, FL 33511

Title: VP () Delete
Name: SHAW, SUSAN
Address: 426 BUTLER ST.
City-St-Zip: WINDERMERE, FL 34786

Title: S () Delete
Name: SHAW, SUSAN
Address: 426 BUTLER ST.
City-St-Zip: WINDERMERE, FL 34786

Title: T () Delete
Name: DANIELS, DAVID
Address: 812 CENTERBROOK DR.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUSAN D. SHAW

RA

04/28/2009

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