

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003966

Entity Name: GAF LC

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2835 S. US 1  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551  
PENNSAUKEN, NJ 08110

**New Mailing Address:**

2835 S. US 1  
FORT PIERCE, FL 34982

FEI Number: 59-372227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHUMAN, EDWARD  
2835 S. US 1  
FORT PIERCE, FL 34982 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: MGRM  
Name: SHUMAN, EDWARD MGRM  
Address: 2835 S. US 1  
City-St-Zip: FT. PIERCE, FL 34982

Title: MGRM  
Name: SHUMAN, WENDY  
Address: 2835 S. US 1  
City-St-Zip: FT. PIERCE, FL 34982

I hereby 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: EDWARD SHUMAN

MGRM

03/09/2012

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