2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011190

Entity Name

G & E INVESTMENTS, LLC



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90235 045 ****50.00

				O WE IN	:				
Principal Place of Business P.O. BOX 546945 SURFSIDE FL 33154		Mailing Address P.O. BOX 546945 SURFSIDE FL 33154	P.O. BOX 546945			M ON OCIO: NON OCIN GON	8831 8628 H881 H886 H818	(1911) 60 71 (1 8 1	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Numi	ber 59-2505627	-		
Zip	Country	Zip	Country	·. ·	5. Certificate of Status Desired Specificate of Status Desired Fee Required			dditional	
	6. Name and Address of Curre	ent Registered Agent	<u> </u>		7. Name an	d Address of New R	· · · · · ·		
		The state of the s		ne~- -	~	The state of the s			
HERSMAN, MOSES 3530 MYSTIC POINTE DR #3115			Stre	Street Address (P.O. Box Number is Not Acceptable)					
AVE	NTURA FL 33180		A See State 4. FEI Number 59-2505627 Country 5. Certificate of Status Desired Status Desired Fee Required Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Cabin (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 te Check Payable to Florida Department of State Due By May 1, 2003						
			City	ı.			FL Zip Co		
8 The above	named entity submits this statemen	t for the purpose of changing it	s registered offic	e or register	red agent, or be	oth, in the State of Flo	rida. I am familiar witi	h, and accept	
	ions of registered agent.	. non into pariposo an antanging it	1	/ /			_	,	
AICNATURE	mu	Besson 1	1oses t	Tersn	מראמ	4/.	2//03		
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent s	signature required	d when reinstating)		DATE		
		FILE N	IOW!!! FEE I	S \$50.00					
1		Make Check Payal	ble to Florida	Departme	nt of State				
		De	ue By May 1, 2	2003					
9.	MANAGING MEN	IBERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE				☐ Change	Addition	
NAME	HERSMAN, MOSES		NAME						
STREET ADDRESS	P.O. BOX 546945		STREET ADDR	ESS					
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP						
TITLE	MGR	☐ Delete	TITLE				☐ Change	Addition	
NAME	SHERMAN, OFELIA		NAME						
STREET ADDRESS	P.O. BOX 546945			ESS					
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP						
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TITLE		Delete	TITLE				Change	Addition	
NAME			NAME						
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CITY-ST-ZIP			CITY-ST-ZIP			<u> </u>	·		
11. I hereby o	certify that the information supplied to	with this filing does not qualify f	or the exemption	stated in Se	ection 119.07(3	l)(i), Florida Statutes. I	further certify that the	e information	

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: DISTRIBUTION OSES HETS MAN 4/21/03 786-486-980