

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017520

1. Entity Name
GSW HOLDINGS, LLC



Principal Place of Business
**3355 OCEAN DRIVE
VERO BEACH, FL 32963**

Mailing Address
**3355 OCEAN DRIVE
VERO BEACH, FL 32963**



DO NOT WRITE IN THIS SPACE

01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3754276

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEWART, WILLIAM J
3355 OCEAN DRIVE
VERO BEACH, FL 32963**

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000011862
01/23/04-80055-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GROVE, GEORGENA K
3355 OCEAN DRIVE
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHWIERING, JANE P
3355 OCEAN DRIVE
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BROWN, KATHRYN W
3355 OCEAN DRIVE
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

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

Georgena K. Grove

1/20/04

Date

(772) 231-1270

Daytime Phone #