LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
02 NOV 22 PM 3:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000019982

1. Entity Name
GFY Holdings, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9519 Westover Club Circle
Suite, Apt. #, etc.
City & State
Windermere FL
Zip 34786
Country Orange

3. Mailing Address
9519 Westover Club Circle
Suite, Apt. #, etc.
City & State
Windermere FL
Zip 34786
Country Orange

MJH

11/22 DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0037228 | Applied For | Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Robert S Perrotti
Street Address (P.O. Box Number Is Not Acceptable): 9519 Westover Club Circle
City: Windermere FL Zip Code 34786

6. 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Checks Payable to Department of State
DUE BY MAY 1

8. MANAGING MEMBERS/MANAGERS

TITLE: MGR NAME STREET ADDRESS CITY-ST-ZIP	Giammarrusco, Joseph 2956 Bayhead run Oviedo FL 32756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: MGR NAME STREET ADDRESS CITY-ST-ZIP	Perrotti, Robert S. 9519 Westover Club Circle Windermere FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S02150903772 05/21/02 91151--025 $50.00
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CR2E063B (12/01)

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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER/MANAGER OR DESIGNATED REPRESENTATIVE Date Daytime Phone #