FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90076 002 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021239

1. Entity Name

GDB, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3505 BERGER RD	C/O KOEHLER & COMPANY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1611 W. PLATT ST.
City & State LUTZ, FL	City & State TAMPA FL
Zip 33549 Country USA	Zip 33606 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3760977 ☐ 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 KEITH W. KOEHLER, CPA

Street Address (P.O. Box Number is Not Acceptable) KOEHLER & COMPANY 1611 W. PLATT ST

City TAMPA FL Zip Code 33606

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.

SIGNATURE [signature] CPA 4/2/02

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	D	TITLE	
NAME	DAVID BEKHOR	NAME	
STREET ADDRESS	3505 BERGER RD.	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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] 4/4/02 813-855-7677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #