

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

DOCUMENT # L01000021272

1. Entity Name

GMC LLC

03-13-2002 90099 005 ****50.00

DO NOT WRITE IN THIS SPACE

80042646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

112 BUCK ISLAND CT

Suite, Apt. #, etc.

3. Mailing Address

112 BUCK ISLAND CT

Suite, Apt. #, etc.

City & State

PONTE VEDRA BCH., FL

City & State

PONTE VEDRA BCH., FL

4. FEI Number

59-3758637

Applied For

Not Applicable

Zip

32082

Country

U.S.A.

Zip

32082

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARY MARCY

Street Address (P.O. Box Number is Not Acceptable)

112 BUCK ISLAND CT

City

PONTE VEDRA BCH

FL

Zip Code

32082

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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.

SIGNATURE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GARY MARCY
112 BUCK ISLAND CT
PONTE VEDRA BCH., FL 32082

TITLE
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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:

Gary P Marcy

3-3-02

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

Date

Daytime Phone #

CR2E083B (12/01)