
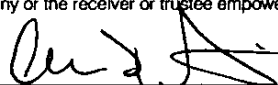


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90065 026 ***138.75

DOCUMENT # L02000003753 1. Entity Name GAS, LC			
Principal Place of Business 1089 S.E. 9TH COURT HIALEAH, FL 33010 US		Mailing Address 1089 S.E. 9TH COURT HIALEAH, FL 33010 US	
2. Principal Place of Business - No P.O. Box # 1089 SE 9th Ct Suite, Apt. #, etc.		3. Mailing Address 16670 SW 148 Ave. Suite, Apt. #, etc.	
City & State Hialeah, FL Zip 33010 Country USA		City & State Miami, FL Zip 33187 Country USA	
4. FEI Number 01-0612562		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		09022008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SCHIMMEL, ROBERT L 3191 CORAL WAY, PH-2 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, ALAN 1089 S.E. 9TH COURT HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, GORDON 1089 S.E. 9TH COURT HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMS, ALAN 1089 S.E. 9TH COURT HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMS, ALAN 1089 S.E. 9TH COURT HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMS, ALAN 1089 S.E. 9TH COURT HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMS, ALAN 1089 S.E. 9TH COURT HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMS, ALAN 1089 S.E. 9TH COURT HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Alan D. Sims		Date 9/2/08	Daytime Phone # 305 336-0816