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Aug 12, 2003 8:00 am
Secretary of State
08-12-2003 90009 001 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006922

1. Entity Name
GSH, LLC

90149944

Principal Place of Business	Mailing Address
6393 9TH ST N 106 SAINT PETERSBURG, FL 33702 US	6393 9TH ST N 106 SAINT PETERSBURG, FL 33702 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4400 1ST ST N	4400 1ST ST N
Suite, Apt. #, etc. 301	Suite, Apt. #, etc. 301
City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33703 Country	Zip 33703 Country

4. FEI Number 04-3648639 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAYS, CHERYL L
4400 1ST STREET N #301
SAINT PETERSBURG, FL 33703-4937

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NICHOLSON, CAROLINE M 2710 35TH AVE. N. ST. PETERSBURG, FL 33713	☒ Delete	MGR HAYS, CHERYL L. 4400 1ST ST N #301 ST. PETERSBURG FL 33703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ARRITT, ANTHONY C 1535 EDEN ISLE BLVD. N.E., APT. 156 SAINT PETERSBURG, FL 33704	☒ Delete	MGR HAYS, GREGORY S. 4400 1ST ST N #301 ST. PETERSBURG FL 33703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Cheryl L. Hays CHERYL L. HAYS 08/04/03 (727) 525-4564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)