

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90028 027 ****50.00

DOCUMENT # L02000017274

1. Entity Name
GFS CONCESSIONS, L.L.C.



Principal Place of Business
**230 PALERMO AVENUE
CORAL GABLES, FL 33134**

Mailing Address
**230 PALERMO AVENUE
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



04052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
54-2063260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KORGE, CHRISTOPHER G
230 PALERMO AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
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. 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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE : **MGRM**
NAME : **KORGE, CHRISTOPHER G**
STREET ADDRESS : **230 PALERMO AVENUE**
CITY- ST- ZIP : **CORAL GABLES, FL 33134**

TITLE
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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:

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

4/22/06
Date

305-444-9533
Daytime Phone #