

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90385 028 ****50.00

DOCUMENT # L02000029329

1. Entity Name
GCS HOLDINGS, L.C.



Principal Place of Business
4167 SANORA LANE
ORMOND BEACH, FL 32174

Mailing Address
4167 SANORA LANE
ORMOND BEACH, FL 32174

20022323



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

81-0586780

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUMBLESON, J. DOYLE
150 SOUTH PALMETTO AVENUE
SUITE A
DAYTONA BEACH, FL 32114

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GRIGG, J. CAROL
STREET ADDRESS 4167 SANORA LANE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE Mgr ☐ Change ☒ Addition
NAME Raymond Santiago
STREET ADDRESS 18 Birchbark Lane
CITY-ST-ZIP Palm Coast, FL 32137

TITLE MGR ☒ Delete
NAME SHAW, DUDLEY A
STREET ADDRESS 2312 SOUTH DAYTONA AVENUE
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Johnnie Carol Grigg 3/14/05 386-274-2212