

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90004 031 ***150.00

DOCUMENT # L03000020011

1. Entity Name
GBW, LLC



Principal Place of Business

P.O. BOX 4738
SEASIDE, FL 32459

Mailing Address

P.O. BOX 4738
SEASIDE, FL 32459

24065845



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0592780

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

PORATH, SHANNON L ESQ.
2441 U.S. HWY 98 E
108
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name Shannon L. Porath, Esq

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

56 SPIRES LN # 16A

City Santa Rosa Beach

FL

Zip Code 32459

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

Shannon L. Porath Attorney

4/6/04

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SOURCE1INNOVATIONS, INC.
STREET ADDRESS P.O. BOX 4738
CITY-ST-ZIP SEASIDE, FL 32459

TITLE MGRM ☐ Delete
NAME GRUBAUGH, SARAH
STREET ADDRESS P.O. BOX 4738
CITY-ST-ZIP SEASIDE, FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE MGRM ☐ Change ☒ Addition
NAME MICHAEL BOTTEMS
STREET ADDRESS P.O. BOX 4738
CITY-ST-ZIP Seaside, FL 32459

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Rita Bottems Rita Bottems

Date

4/30/04

Daytime Phone #

850-830-1655