

2007

# LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90081 016 \*\*\*\*50.00

DOCUMENT # L03000029524

1. Entity Name

L C G S, L. L. C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1122 Algarre Loop

3. Mailing Address

1122 Algarre Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

60051277

CR2E083B (8/05)

City &amp; State

Windermere, FL

City &amp; State

Windermere, FL

4. FEI Number

68-0566004

Applied For

Not Applicable

Zip

34786

Country

USA

Zip

34786

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Gramer, Charles W.

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

1411 Edgewater Drive

Suite 100

City

Orlando

FL

Zip Code

34786

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Strickland, R. Vance  
1122 Algarre Loop  
Windermere, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Lammers, Roland M.  
1122 Algarre Loop  
Windermere, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Corseello, Robert G.  
1122 Algarre Loop  
Windermere, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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:

Robert G Corseello 5/14/07 (407)258-8097

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

Date

Daytime Phone #