

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000033698

1. Entity Name
GS VENTURES, LLC



Principal Place of Business
131 CORTEZ RD.
WEST PALM BEACH, FL 33405

Mailing Address
131 CORTEZ RD.
WEST PALM BEACH, FL 33405



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4264056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELHILOW, MARK B
131 CORTEZ ROAD
WEST PALM BEACH, FL 33405

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000782215
01/15/08-80066-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ELHILOW, MARK B
131 CORTEZ RD
WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MUTCH, M. DOUGLAS
131 CORTEZ RD
WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ELHILOW, SUSAN C
131 CORTEZ RD
WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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

Date

Daytime Phone #

MARK B. Elhi-low

1-10-08 (561)659-3301