

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90031 023 \*\*\*\*50.00

**DOCUMENT # L04000001298**

1. Entity Name  
GB COMPANIES, LLC



Principal Place of Business

C/O GUSTAVO BLANCO  
6345 NW 113TH CT  
MIAMI, FL 33178

Mailing Address

C/O GUSTAVO BLANCO  
6345 NW 113TH CT  
MIAMI, FL 33178



03152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0590298

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOENIGSBERG, JAY ESQ  
1200 BRICKELL AVE., SUITE 1900  
MIAMI, FL 33131

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BLANCO, GUSTAVO  
STREET ADDRESS 6345 113 CT, NW  
CITY-ST-ZIP MIAMI, FL 33178

TITLE MGRM  
NAME RAMIREZ, IMELDA M.  
STREET ADDRESS 6345 NW 113 CT.  
CITY-ST-ZIP MIAMI, FL 33178

TITLE  
NAME  
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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 #

IMELDA M. RAMIREZ

4-12-07 (305) 718-3687