

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 A
Secretary of State

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



04042008No Chg-LLC

CR2E083 (12/07)

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

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

000000899074
04/28/08-80024-002 138.75

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	
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 606, Florida Statutes.

SIGNATURE:

IMELDA RAMIREZ

4-10-08

(305) 718-3687

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

Date

Daytime Phone #