

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005728

Entity Name: GFS RESTORATION, L.L.C.

FILED  
May 23, 2005  
Secretary of State

**Current Principal Place of Business:**

1858 S.W. PALM CITY AVENUE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1858 S.W. PALM CITY AVENUE  
STUART, FL 34994

**New Mailing Address:**

CS 205 - 1858 S.W. PALM CITY AVENUE  
STUART, FL 34994

FEI Number: 05-7366610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SOPKO, JAMES  
853 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 34995      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: SHANHOLTZER, G. FREDERICK  
Address: 1858 S.W. PALM CITY AVENUE  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: SHANHOLTZER, G. FREDERICK  
Address: CS205 - 1858 S.W. PALM CITY AVENUE  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: G. FREDERICK SHANHOLTZER

MGRM

05/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date