

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90072 003 ***138.75

50007946



07022008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000055534			
1. Entity Name L & M GBC SIC, L.L.C.			
Principal Place of Business 223 DOLPHIN COVE CT., BONITA SPRINGS, FL 34135		Mailing Address 223 DOLPHIN COVE CT., BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # <i>105 BAY PORT LANE</i>		3. Mailing Address <i>105 BAY PORT LANE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MOORESVILLE, NC</i>		City & State <i>MOORESVILLE, NC</i>	
4. FEI Number 20-1390050		Applied For Not Applicable	
5. Certificate of Status Desired. <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHER, ROBERT T ESQ. 1611 SANTA BARBARA BLVD., UNIT C CAPE CORAL, FL 33991		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURAN, ROBERT J 105 BAY PORT LANE MOORESVILLE, NC 28117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SICURANZA, MICHAEL J 8831 SERENDIPITY LANE SEVEN VALLEYS, PA 17360 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Robert J. Curan</i> ROBERT J. CURAN		Date: <i>7/6/08</i>	Daytime Phone #: <i>704-668-8428</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

ATTACHMENT

50007946
#L040000555-34

PLEASE NOTE CHANGE
IN ADDRESS. THIS CHANGE
WAS FILED IN FEBRUARY
2008.

ATTACHED IS A COMPLETED
2008 LLC ANNUAL REPORT
ALONG WITH A CHECK
FOR 138⁷⁵

THANK YOU,

ROBERT J. CURRAN