

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000056041

1. Entity Name
GC REAL ESTATE, LLC



FILED
Apr 18, 2006 08:00 AM
Secretary of State

Principal Place of Business
4200 NORTH PINE VALLEY LOOP
LECANTO, FL 34461

Mailing Address
4200 NORTH PINE VALLEY LOOP
LECANTO, FL 34461



03292006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-2741045

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMARGO, GELSON
4200 NORTH PINE VALLEY LOOP
LECANTO, FL 34461

**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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
CAMARGO, GELSON
4200 N PINE VALLEY LOOP
LECANTO, FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

U00000517739
05/01/06-80056-024 50.00

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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:

Gelson Camargo

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

A-11-06 352 7463525

Date

Daytime Phone #