

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056651

FILED
Apr 30, 2008
Secretary of State

Entity Name: GGI FINANCIAL SERVICES, LLC

Current Principal Place of Business:

3283 S. JOHN YOUNG PKWY., STE F
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

3283 S. JOHN YOUNG PKWY., STE F
KISSIMMEE, FL 34746

New Mailing Address:

10221 HATTON CIRCLE
ORLANDO, FL 32832

FEI Number: 51-0524386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONNENSCHN, MICHAEL D
C/O STEIN, SONNENSCHN, ET AL
1420 ALFAYA TRAIL, SUITE 101
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

STEWART, GLEN A
10221 HATTON CIRCLE
ORLANDO, FL 32832 US

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: GLEN A STEWART SR

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEWART, SHANTI
Address: 3283 S. JOHN YOUNG PKWY STE. F
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR () Delete
Name: MANIGAULT, VIOLET
Address: 3283 S. JOHN YOUNG PARKWAY STE. F
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEWART, GLEN A MGRM
Address: 3283 S. JOHN YOUNG PKWY STE. F
City-St-Zip: KISSIMMEE, FL 34746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GLEN A STEWART SR

MGRM

04/30/2008

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