
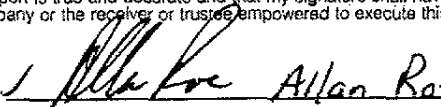


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000062392		
1. Entity Name THE G A S GROUP, LLC		
Principal Place of Business 1495 S. VOLUSIA AVENUE SUITE 201 ORANGE CITY, FL 32763	Mailing Address 1495 S. VOLUSIA AVENUE SUITE 201 ORANGE CITY, FL 32763	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHAUDHARI, GOVIND M 1495 S. VOLUSIA AVENUE SUITE 201 ORANGE CITY, FL 32763		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
UN00000509573 04/28/06-80048-019 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CHAUDHARI, GOVIND M 1495 S. VOLUSIA AVENUE, SUITE 201 ORANGE CITY, FL 32763	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROE, ALLAN L 24715 ADAIR AVE SORRENTO, FL 32776	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CHAUDHARI, SUNJAY 1495 S. VOLUSIA AVENUE, SUITE 201 ORANGE CITY, FL 32763	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  Allan Roe <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



03212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2705360

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**