

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083062

Entity Name: G S & ASSOCIATES, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

6604 REDFIELD STREET  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

9415 EAST RIVER DRIVE  
NAVARRE, FL 32566 US

**Current Mailing Address:**

6604 REDFIELD STREET  
NAVARRE, FL 32566 US

**New Mailing Address:**

9415 EAST RIVER DRIVE  
NAVARRE, FL 32566 US

FEI Number: 54-2162858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYNCHARD LAW FIRM, PA  
7552 NAVARRE PARKWAY  
SUITE 9  
NAVARRE, FL 32566 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRUSCHKE, GARY K  
Address: 157 ROGERS ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: MGRM ( ) Delete  
Name: STONE, SHANNON R  
Address: 6604 REDFIELD STREET  
City-St-Zip: NAVARRE, FL 32566 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: STONE, SHANNON R  
Address: 9415 EAST RIVER DRIVE  
City-St-Zip: NAVARRE, FL 32566 US

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: SHANNON R. STONE

MGRM

04/28/2009

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