2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000084079

1. Entity Name
GSC OFFICE LLC

Principal Place of Business
8981 DANIELS CENTER DR.
205
FT. MYERS, FL 33912

Mailing Address
8981 DANIELS CENTER DR.
205
FT. MYERS, FL 33912

02052008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
40-1900450

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MECHEM, ROBERT A
13640 HICKORY RUN LN
FT MYERS, FL 33912

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 reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000829218
02/26/08-80032-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FABER, TIMOTHY
STREET ADDRESS	13640 HICKORY RUN LANE
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	MGR
NAME	ROBERT ALLEN MECHEM TRUST DATED 5/1/00
STREET ADDRESS	13640 HICKORY RUN LANE
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 2-5-08 239-454-0287 239-561-1740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #