2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L04000086166

Entity Name: G & S ACQUISITIONS, LLC

Current Principal Place of Business:

45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 56-2541043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUNTHALL, III, LEONARD H
45 W BAY ST, STE 203
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

GRUNTHAL, LEONARD H III
45 W BAY ST, STE 203
JACKSONVILLE, FL 32202 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: LEONARD H. GRUNTHAL, III 04/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHUETH, WILLIAM F JR
Address: 45 W BAY ST, STE 203
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete
Name: GRUNTHAL, III, LEONARD H
Address: 45 W BAY ST, STE 203
City-St-Zip: JACKSONVILLE, FL 32203

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: GRUNTHAL, LEONARD H III
Address: 45 W BAY ST, STE 203
City-St-Zip: JACKSONVILLE, FL 32203

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: LEONARD H. GRUNTHAL, III MGR 04/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date