


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90078 014 ****50.00

DOCUMENT # L05000048189	
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1. Entity Name
GCS, LLC

Principal Place of Business
2527 SW 37TH TERRACE
CAPE CORAL FL 33914

Mailing Address
2527 SW 37TH TERRACE
CAPE CORAL FL 33914



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2558243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

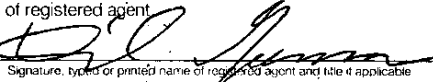
GORMAN, DAVID
12070 LUCCA ST #202
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name GORMAN, DAVID
Street Address (P.O. Box Number is Not Acceptable)
2527 SW 37TH TERRACE
City CAPE CORAL FL Zip Code 33914

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

7/19/06
DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GORMAN, DAVID	
STREET ADDRESS	12070 LUCCA ST #202	
CITY - ST - ZIP	FORT MYERS FL 33912	

Change + 0 →

10. ADDITIONS / CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, DAVID	
STREET ADDRESS	2527 SW 37TH TERRACE	
CITY - ST - ZIP	CAPE CORAL, FL 33914	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

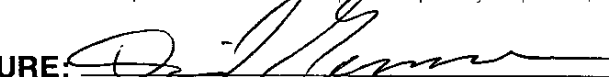
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/19/06
Date

239-728-7057
Daytime Phone #