

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90399 048 \*\*\*138.75

DOCUMENT # L05000052229					
1. Entity Name <b>GMI&amp;D LLC</b>					
Principal Place of Business 2017 SOUTH OCEAN DRIVE #406W HALLANDALE, FL 33009 US			Mailing Address 5399 EAST COUNTY HIGHWAY 30A #109 SANTA ROSA BEACH, FL 32459 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Margarita Shultz</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>161 Ashland Rd</i>			
City & State		City & State <i>Summit NJ</i>			
Zip	Country	Zip <i>07901</i>	Country	4. FEI Number <b>20-2901440</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SIMKHOVICH, GALINA 5399 EAST COUNTY HIGHWAY 30A #109 SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name <i>Galina Simkhorich</i> Street Address (P.O. Box Number is Not Acceptable) <i>2017 South Ocean Drive, #406 W</i> City <i>Hallandale</i> FL Zip Code <i>33009</i>	
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 <i>Galina Simkhorich</i> DATE <i>02/25/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMKHOVICH, GALINA 5399 EAST COUNTY HIGHWAY 30A SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Margarita Shultz 161 Ashland Rd Summit NJ 07901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Galina Simkhorich</i> DATE: <i>02/25/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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