


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-06-2006 90176 047 ****50.00

| | | | | | |
|--|--|---------------------------------|---|--|--|
| DOCUMENT # L05000057542 | | | |  | |
| 1. Entity Name G.C.I GOERTZ CONSTRUCTION, LLC | | | | | |
| Principal Place of Business 97 POINT OF WOODS DRIVE PALM COAST FL 32164 | | | Mailing Address 97 POINT OF WOODS DRIVE PALM COAST FL 32164 | | |
| 2. Principal Place of Business 97 POINT OF WOODS DR. | | | 3. Mailing Address SAME | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State PALM COAST, FL. | | | City & State | | |
| Zip 32164 | | Country USA | | Zip | |
| | | | | Country | |
| 6. Name and Address of Current Registered Agent GOERTZ, GILBERTO G 97 POINT OF WOODS DRIVE PALM COAST FL 32164 | | | | 7. Name and Address of New Registered Agent Name NONE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GOERTZ, GILBERTO G 301 S. UPAS ST. ESCONDITO CA 92025 | <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 | MGR GOERTZ, RICHARD 301 S. UPAS ST. ESCONDITO CA 92025 | <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 | MGR GOERTZ, WILLIAM 97 POINT OF WOODS DRIVE PALM COAST FL 32164 | <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 | |
| 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 | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Gilberto G. Goertz</i></u> GILBERTO G. GOERTZ | | | Date: <u>4/7/06</u> 386-586-6748 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |



ATTACHMENT
30002306

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

G.C.I GOERTZ CONSTRUCTION, LLC
97 POINT OF WOODS DRIVE
PALM COAST, FL 32164

Subject: G.C.I GOERTZ CONSTRUCTION, LLC

Reference Number: **L05000057542**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION