# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000063538

**1.** Entity Name
GSM CONSULTANTS LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 632 FERN STREET WEST PALM BEACH, FL 33401   US | 632 FERN STREET WEST PALM BEACH, FL 33401   US |

## DO NOT WRITE IN THIS SPACE

02132007 No Chg-LLC          CR2E083 (11/05)

| **4.** FEI Number | Applied For |
|---|---|
| 20-3059297 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

MESSING, GIL
632 FERN STREET
WEST PALM BEACH, FL 33401

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**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

**Filing Fee Is $50.00**
**Due by May 1, 2007**

### 9.  MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | MESSING, GIL |
| STREET ADDRESS | 632 FERN STREET |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

U000000678782
04/03/07-80012-002 50.00

## 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: X _____     3/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #