

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000086132**

1. Entity Name  
**G & S PEL INVESTMENT, L.L.C.**



Principal Place of Business  
**5561 S.W. 8TH COURT  
MARGATE, FL 33068**

Mailing Address  
**5561 S.W. 8TH COURT  
MARGATE, FL 33068**

**DO NOT WRITE IN THIS SPACE**

**(L05000086132C)**

03312008 No Chg -LLC

CR2E083 (12/ 07)

4. FEI Number  
**87-0753683**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**PELAZ, GONZALO  
5561 S.W. 8TH COURT  
MARGATE, FL 33068**

**DO NOT WRITE  
IN THIS SPACE**

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 re

registering)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May.1, 2008 Fee will be \$538.75**

**000000280390  
04/15/08-80058-023 138.75**

**9. MANAGING MEMBERS /MANAGERS**

TITLE  
**MGR**  
NAME  
**PELAZ, GONZALO**  
STREET ADDRESS  
**5561 S.W. 8TH COURT**  
CITY-ST-ZIP  
**MARGATE, FL 33068**

TITLE  
**MGR**  
NAME  
**PELAZ, SANTOS**  
STREET ADDRESS  
**5561 SW 8TH CT**  
CITY-ST-ZIP  
**MARGATE, FL 33068**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

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

**GONZALO PELAZ  
President**

**MARCH 31/08 954  
2422565**

Date

Daytime Phone #