

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088330

Entity Name: G CUBED, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

10290 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

10290 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 65-1260675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOETZ, WILLIAM A
10290 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: GOETZ, WILLIAM A
Address: 10290 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: GOETZ, GLENN C
Address: 10290 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: GOETZ, MARK A
Address: 10290 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM A GOETZ

PRES

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date