2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L05000102433

Entity Name: GFYS, LLC

Current Principal Place of Business:

734 ABBY MIST DRIVE
ST. JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

734 ABBY MIST DRIVE
ST. JOHNS, FL 32259

New Mailing Address:

FEI Number: 02-0754275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEE, CHRISTOPHER
734 ABBY MIST DRIVE
ST. JOHNS, FL 32259 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:	MGRM	( ) Delete
Name:	SHEE, CHRISTOPHER	
Address:	734 ABBY MIST DRIVE	
City-St-Zip:	ST. JOHNS, FL 32259	
Title:	MGRM	( ) Delete
Name:	GINDER, DENNIS	
Address:	765 OPOSSUM LANE	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	MGRM	( ) Delete
Name:	SADOWSKI, TERRY	
Address:	2900 STATE ROAD 13 N	
City-St-Zip:	JACKSONVILLE, FL 32259	

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: CHRISTOPHER SHEE MGRM 04/23/2009

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