

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000118391

Entity Name: GFS VENTURES, LLC

**FILED**  
**Mar 12, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4932 SUNBEAM RD STE 100  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

4932 SUNBEAM RD STE 100  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 33-1128031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE STE 1300  
JACKSONVILLE, FL 32210 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: DPST ( ) Delete  
Name: GOTTLIES, MELVIN  
Address: 4932 SUNBEAM RD  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: DPST (X) Change ( ) Addition  
Name: GOTTLIEB, MELVIN  
Address: 4932 SUNBEAM RD  
City-St-Zip: JACKSONVILLE, FL 32257

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: MELVIN GOTTLIEB

DPST

03/12/2009

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