

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000121925

**Entity Name:** GPM FAB & SUPPLY, LLC

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1504 S. LENNA AVENUE  
TAMPA, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

PO BX 1303  
SEFFNER, FL 33583

**New Mailing Address:**

**FEI Number:** 14-1944741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THIBEAULT, PATRICK J OWNER  
1504 S. LENNA AVENUE  
SEFFNER, FL 33584 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  
**Name:** THIBEAULT, NINA  
**Address:** 1504 S LENNA AVE  
**City-St-Zip:** SEFFNER, FL 33584

**Title:** MGRM  
**Name:** THIBEAULT, PATRICK  
**Address:** 1504 S LENNA AVE  
**City-St-Zip:** SEFFNER, FL 33584

I hereby 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: NINA THIBEAULT

MGRM

04/12/2011

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