2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 21, 2007 8:00 am **Secretary of State** DOCUMENT-# L06000032283 1. Entity Name 01-29-2007 90139 050 ****50.00 GFB, LLC Mailing Address Principal Place of Business 5021 METZKE LANE TALLAHASSEE FL 32303 5021 METZKE LANE TALLAHASSEE FL 32303 . 1 ABOURE 2 M ERON BRAN BRAN BRAN BRAN BRAN BRAN HIRD MARD WIRDLAND HIRD 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, otc. CR2E083 (10/06) 1st MOORE City & State City & State Applied For 4. FEI Number 20-8465242 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWSON, ORMAND Z III Street Address (P.O. Box Number is Not Acceptable) 1306 LEEWOOD DRIVE TALLAHASSEE FL 32312 City Zip Codo FL 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 SIGNATURE Symmetry, typica or printed naving of respectation against who is applicable, (NOTE Registered Agent approving required when reinstitling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES JUDE MGRM ☐ Delete 11111 ☐ Ctrange ■ Addition NAMI LAWSON, ORMAND Z III NAM STREET ADDRESS STREET ADDITESS 1306 LEEWOOD DRIVE CHY-SL 7P TALLAHASSEE FL 32312 CHY SI /P Delete IIII 11111 Change Addition NAME NAM SIDIFI ADDRESS STRUCTADONESS CHY SEZIP CHY ST ZP HHE Delete 11111 ☐ Change ■ Addition MAME STREET ADDRESS SUBTRADUCTSS CHY SI-769 CHY St ZIP Ocleie IIIL 11111 ☐ Change Addition NAM NAM STREET ADORESS STREET LATERIAL CO. CITY-ST 7IP CHY ST 7P HULE ☐ Defete Inter ☐ Change Addition NAME NAMI STREET ADDRESS STRUET ADDOMESS CITY ST ZIP CHY ST 7P HRE ☐ Defete 0141 ☐ Change Addition MAME NAME STREET ADDRESS SHREET ADDRESS CHY-SE-7P CHY ST AP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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. <u>ر م/حد/ا</u> SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Зауште Рісте в

FILED