



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90066 043 ****55.00

DOCUMENT # L06000053396 1. Entity Name G & S ENTERPRISES OF FLORIDA, LLC																																																																																									
Principal Place of Business 197 CHELLO AVENUE SEBASTIAN, FL 32958			Mailing Address 197 CHELLO AVENUE SEBASTIAN, FL 32958																																																																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 07272007 Chg-LLC CR2E083 (12/06)																																																																																					
City & State		City & State																																																																																							
Zip	Country	Zip	Country																																																																																						
4. FEI Number 20-4963472		Applied For <input type="checkbox"/> Not Applicable																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LACHOWICZ, GARY 197 CHELLO AVENUE SEBASTIAN, FL 32958																																																																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																									
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 the obligations of registered agent.																																																																																									
SIGNATURE <u><i>Gary A Lachowicz</i></u> AUG - 27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																																																																																									
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">MGRM LACHOWICZ, GARY</td> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">MGRM Cairns, Scott</td> </tr> <tr> <td>NAME</td> <td>LACHOWICZ, GARY</td> <td>NAME</td> <td>Cairns, Scott</td> </tr> <tr> <td>STREET ADDRESS</td> <td>197 CHELLO AVENUE</td> <td>STREET ADDRESS</td> <td>684 Balboa Street</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SEBASTIAN, FL 32958</td> <td>CITY - ST - ZIP</td> <td>Sebastian FL 32958</td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>MGRM CAIRUS, SCOTT</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>CAIRUS, SCOTT</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>684 BALBOA STREET</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SEBASTIAN, FL 32958</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE	MGRM LACHOWICZ, GARY	TITLE	MGRM Cairns, Scott	NAME	LACHOWICZ, GARY	NAME	Cairns, Scott	STREET ADDRESS	197 CHELLO AVENUE	STREET ADDRESS	684 Balboa Street	CITY - ST - ZIP	SEBASTIAN, FL 32958	CITY - ST - ZIP	Sebastian FL 32958	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE	MGRM CAIRUS, SCOTT	TITLE		NAME	CAIRUS, SCOTT	NAME		STREET ADDRESS	684 BALBOA STREET	STREET ADDRESS		CITY - ST - ZIP	SEBASTIAN, FL 32958	CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <u><i>Gary A Lachowicz</i></u> AUG - 27-07 772-633-2528 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																									