

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000055820

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** G A SERVICES LLC

**Current Principal Place of Business:**

96 SAINT KITTS CIRCLE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

96 SAINT KITTS CIRCLE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number: 20-4964566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDRACCHIO, GIOVANNI L  
96 SAINT KITTS CIRCLE  
WINTER HAVEN, FL 33884 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: MGR  
Name: ANDRACCHIO, GIOVANNI L  
Address: 96 SAINT KITTS CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33884

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: GIOVANNI ANDRACCHIO

MGR

01/07/2011

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