

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90039 034 ****50.00

DOCUMENT # L06000090219

1. Entity Name
GSC INVESTMENTS, LLC



Principal Place of Business
5117 SW 122 TERRACE
COOPER CITY, FL 33330 US

Mailing Address
5117 SW 122 TERRACE
COOPER CITY, FL 33330 US

00000000



2. Principal Place of Business - No P.O. Box #
1740 SW 119th Terrace
Suite, Apt. #, etc.

3. Mailing Address
1740 SW 119th Terrace
Suite, Apt. #, etc.

08092007 Chg-LLC CR2E083 (12/06)

City & State
Davie, Florida
Zip
33325 Country

City & State
Davie, Florida
Zip
33325 Country

4. FEI Number
20-5545297 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEPES, EDGAR G
5117 SW 122 TERRACE
COOPER CITY, FL 33330

7. Name and Address of New Registered Agent

Name
Edgar Yepes
Street Address (P.O. Box Number is Not Acceptable)
1740 SW 119th Terrace
City
Davie FL Zip Code
33325

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 J. Jovani (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, EDGAR G 5117 SW 122 TERRACE COOPER CITY, FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBLEDO, CAROLINA 5117 SW 122 TERRACE COOPER CITY, FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, SANDRA 5117 SW 122 TERRACE COOPER CITY, FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, EDGAR R 1740 SW 119th Terrace Davie, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robledo, Carolina 1740 SW 119th Terrace Davie, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Yepes, Sandra 1740 SW 119th Terrace Davie, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: J. Jovani SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #