



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90139 047 \*\*\*138.75

<b>DOCUMENT # L06000093332</b> 1. Entity Name <b>GCG HOLDINGS, LLC</b>									
Principal Place of Business <b>1016 CAMPBELL STREET ORLANDO FL 32806 US</b>			Mailing Address <b>1016 CAMPBELL STREET ORLANDO FL 32806 US</b>						
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.							
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="text-align: center;"><b>AP-PLIED FOR</b></div> <div style="text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>									
6. Name and Address of Current Registered Agent  <b>AIRTH, HAL A JR. 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND FL 33801</b>						7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)</small>		DATE _____	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAY, GERALD A JR. 1016 CAMPBELL STREET ORLANDO FL 32806 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 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.									
<b>SIGNATURE:</b> <u><i>Gerald A. Gay Jr.</i></u> <u>4/29/24</u> <u>407 857-5393</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Deletion Price \$0</small>									

# ATTACHMENT 30010276

Form **SS-4**

## Application for Employer Identification Number

OMB No. 1545-0003

(Rev. February 2006)

Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

20-5604636

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested GCG Holdings, LLC		
	<b>2</b> Trade name of business (if different from name on line 1)		<b>3</b> Executor, administrator, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) 1016 Campbell Street		<b>5a</b> Street address (if different) (Do not enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code Orlando, FL 32806		<b>5b</b> City, state, and ZIP code
	<b>6</b> County and state where principal business is located Orange County, Florida		
	<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustee Gerald A. Gay, Jr.		<b>7b</b> SSN, ITIN, or EIN 267-88-8549
<b>8a</b>	<b>Type of entity (check only one box)</b> <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <u>Disregarded Entity</u> <div style="float: right; text-align: right;"> <input type="checkbox"/> Estate (SSN of decedent) _____  <input type="checkbox"/> Plan administrator (SSN) _____  <input type="checkbox"/> Trust (SSN of grantor) _____  <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government  <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military  <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises  Group Exemption Number (GEN) ▶ _____ </div>		
<b>8b</b>	If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
<b>9</b>	<b>Reason for applying (check only one box)</b> <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Real Estate Management</u> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <div style="float: right; text-align: right;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____  <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____  <input type="checkbox"/> Purchased going business  <input type="checkbox"/> Created a trust (specify type) ▶ _____  <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ </div>		
<b>10</b>	Date business started or acquired (month, day, year). See instructions. September 22, 2006		<b>11</b> Closing month of accounting year December
<b>12</b>	First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ _____		
<b>13</b>	Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)	Agricultural	Household      Other
<b>14</b>	Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
<b>15</b>	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Real Estate Management		
<b>16a</b>	Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Note.</b> If "Yes," please complete lines 16b and 16c.		
<b>16b</b>	If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____		
<b>16c</b>	Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year)      City and state where filed      Previous EIN		

<b>Third Party Designee</b>	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Hal A. Airth, Jr.		Designee's telephone number (include area code) (863) 647-5337
	Address and ZIP code 500 S. Florida Ave., Ste., 800 Lakeland, FL 33801		Designee's fax number (include area code) (863) 647-5012

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶ Gerald A. Gay, Jr., Managing Member		Applicant's fax number (include area code)