2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/5/2007-90154-004-$55.00-$55.00

SECRETARY DIVISION

07 OCT -4 PM 3:01

DOCUMENT # L06000108674

1. Entity Name

G AND S LLC

Principal Place of Business	Mailing Address
2536 PRETZEL LANE NORTH PORT FL 34286 US	2536 PRETZEL LANE NORTH PORT FL 34286 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME AS ABOVE	2536 PRETZEL LANE
Suite, Apt. # etc.: 1ST. FL.	Suite, Apt. # etc.: 1ST FL.
City & State: NORTH PORT, FL.	City & State: NORTH PORT
Zip: 34286 Country: NORTH PORT.	Zip: 34286 Country: NORTH PORT

2nd MOORE CR2E083 (4/07)

4. FEI Number: #87-0804065 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA-INCORPORATIONS.NET INC 3219 CORAL RIDGE DR. CORAL SPRINGS FL 33065	Name: Gilberto Ramirez (G AND S LLC) Street Address (P.O. Box Number is Not Acceptable): 2536 pretzel LN North port City — FL — Zip Code 34286

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: Gilberto Ramirez — Gilberto Ramirez — 09/25/07

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE	MGR		TITLE		
NAME	RAMIREZ, GILBERTO		NAME		
STREET ADDRESS	2536 PRETZEL LN		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL 34286		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Gilberto Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #