2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 04, 2008 8:00 am Secretary of State

DOCUMENT # L0700007529 1. Entity Name G & C NOSHOE, LLC				03-04-2008 90105 003 ***138.75				
Principal Place of Business Mailir		Mailing Appress	Mailing Accress		60012498			
1335 RIVER PLANTATION RD CRAWFORDVILLE, FL 32327		1335 RIVER PLANTATION RD Crawfordville, FL 32327						
					[] 			
2. Principal Place of Business - No P.O. Box #		3. Mailing Accress					881 fil 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	321066		plied For t Applicable	
Zip	Country	Zip	Country		of Status Desired	S5.00 Add		
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R	egistered Agent		
DADEEOOT OATIN			Name					
	ST, CATHY ER PLANTATION RD RDVILLE, FL 32327		Street Address ((P.O. Box Number is No: Acceptable)			
			City			FL Zip Code		
The above named entity submits this statement for the purpose of changing its register.				ered agent, or be	oth, in the State of Flo		and accept	
	ions of registered agent.	, , , , , , , , , , , , , , , , , , ,	, and a	•				
SIGNATURE .	Signature, specificing interdinance of registered agent	sikil tre flapplicable. (HOTE:	Registere it Agent signature requir	ed when re-ostating)		OATE		
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 MEMB	ERS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITLE			. Change	Addition	
NAME STREET ADDRESS	BAREFOOT, GEORGE 1335 RIVER PLANTATION RD		NAME Street address					
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP					
TITLE	MGR	☐ Defete	TITLE			Change	Addition	
name Street address	BAREFOOT, CATHY							
CiTY-ST-ZIP	4225 DIVED DUANTATION DD		NAME CZDECZ 4DDOCEOC				G	
unt) - 01 - 2.11	1335 RIVER PLANTATION RD CRAWFORDVILLE, FL 32327		NAME STREET ADDRESS CITY+ST+ZIP		,			
MEE		☐ Deleie	STREET ADDRESS		,	☐ Change	☐ Addition	
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MEE		☐ Delete	STREET ADDRESS CITY-ST-ZIP			☐ Change	_	
TITLE NAME STREET ADDRESS		☐ Delete	STREET ADDRESS CITY+ST-ZIP TITLE NAMC STREET ADDRESS		,	☐ Change	_	
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE