

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029699

Entity Name: GSE, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

551 NW 165 STREET
WILLISTON, FL 32696

New Principal Place of Business:

551 SE 165 AVENUE
WILLISTON, FL 32668

Current Mailing Address:

P.O. BOX 691
WILLISTON, FL 32696

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGALITE, GEORGE E
551 NE 165 STREET
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

EGALITE, GEORGE E
551 SE 165 AVENUE
WILLISTON, FL 32668 US

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: GEORGE E EGALITE

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EGALITE, GEORGE E
Address: 551 NE 165 STREET
City-St-Zip: WILLISTON, FL 32696

Title: MGR () Delete
Name: EGALITE, SUE B
Address: 2060 WALKER ROAD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EGALITE, GEORGE E
Address: 551 SE 165 AVENUE
City-St-Zip: WILLISTON, FL 32668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GEORGE E EGALITE

MGRM

04/15/2009

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