

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90038 013 ***138.75

DOCUMENT # L07000053063					
1. Entity Name GGAB, LLC					
Principal Place of Business 5636 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884			Mailing Address 5636 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884		
2. Principal Place of Business - No P.O. Box # 236 RUBY LAKE LANE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINTER HAVEN, FL		City & State		4. FEI Number 26-0241093	
Zip 33884		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUMSEY, DAVID 236 RUBY LAKE LANE WINTER HAVEN, FL 33884				7. Name and Address of New Registered Agent Name DAVID GURNSEY Street Address (P.O. Box Number is Not Acceptable) 236 RUBY LAKE LANE City WINTER HAVEN FL Zip Code 33884	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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 <input type="checkbox"/> Delete GUMSEY, DAVID GURNSEY, DAVID 5636 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884		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	
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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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:			DAVID GURNSEY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/24/08 Daytime Phone # 863-291-4653		

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