## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073764

17511 PALM VIEW AVENUE

MONTVERDE, FL 34756

Address:

City-St-Zip:

Entity Name: GILMORE'S GENERAL SERVICES, LLC

FILED Feb 05, 2009 Secretary of State

| Current Principal Place of Business:          |  |                                  | New Principal Place of Business:          |                                       |
|---|--|----------------------------------|---|---------------------------------------|
|   | ALM VIEW AVEI<br>ERDE, FL 3475                 |                                  |   |                                       |
| Current Mailing Address:                      |  |                                  | New Mailing Address:                      |                                       |
|   | ALM VIEW AVEI<br>ERDE, FL 3475                 |                                  |   |                                       |
| FEI Numbe                                     | er: 36-4611875                                 | FEI Number Applied For()         | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent: |  |                                  | Name and Address of New Registered Agent: |                                       |
| 17511 PA                                      | E, CAMERON S<br>ALM VIEW AVEI<br>ERDE, FL 3475 | NUE                              |   |                                       |
|   | ve named entity<br>ite of Florida.             | submits this statement for the բ | ourpose of changing its registere         | d office or registered agent, or both |
| SIGNATU                                       | JRE:   |                                  |   |                                       |
|   | Electron                                       | nic Signature of Registered Ag   | ent                                       | Date                                  |
| MANAGING MEMBERS/MANAGERS:                    |  |                                  | ADDITIONS/CHANGES:                        |                                       |
| Title:<br>Name:                               | ,  | ) Delete<br>MERON SCOTT          | Title:<br>Name:                           | ( ) Change ( ) Addition               |

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: CAMERON **MGRM** 02/05/2009