

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083405

Entity Name: GG&G HOLDINGS, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

145 BELLAGIO CIR  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

145 BELLAGIO CIR  
SANFORD, FL 32771 US

**New Mailing Address:**

FEI Number: 26-0730374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAVES, ROCKY R  
145 BELLAGIO CIR  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRAVES, ROCKY R  
Address: 25513 HIGH HAMPTON CIRCLE  
City-St-Zip: SORRENTO, FL 32776 US

Title: MGR ( ) Delete  
Name: GORY, JAMES  
Address: 25542 HAWKS RUN LANE  
City-St-Zip: SORRENTO, FL 32776 US

Title: MGR ( ) Delete  
Name: STURA, GARY A  
Address: 1717 E. LINCOLN AVE  
City-St-Zip: MOUNT DORA, FL 32757 US

**ADDITIONS/CHANGES:**

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

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

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: ROCKY R GRAVES

MGR

04/22/2009

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