

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084414

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: GFTS LLC

**Current Principal Place of Business:**

2541 NE 48 COURT  
LIGHTHOUSE POINT, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

2541 NE 48 COURT  
LIGHTHOUSE POINT, FL 33064 US

**New Mailing Address:**

FEI Number: 26-0730753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RASCHDORF, RICHARD A SR  
2541 NE 48 COURT  
LIGHTHOUSE POINT, FL 33064 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: RASCHDORF, RICHARD A SR  
Address: 2541 NE 48 COURT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: HARRISON, W D  
Address: 170 GRAND OAK CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: MGR ( ) Change (X) Addition  
Name: MACK, RYAN  
Address: 8175 GRANT AVENUE ROAD  
City-St-Zip: WEEDSPORT, NY 13166

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: RICHARD RASCHDORF

MGR

01/15/2008

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