

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095318

Entity Name: G.E.M.M.S. ENTERPRISE, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

3620 SW 114 AVE
206
MIAMI, FL 33126

New Principal Place of Business:

3620 SW 114 AVE
206
MIAMI, FL 33165 US

Current Mailing Address:

PO BOX 832257
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 51-0647599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ESTHER A
3620 SW 114 AVE
206
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

RODRIGUEZ, ESTHER A
3620 SW 114 AVE
206
MIAMI, FL 33165 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: ESTHER RODRIGUEZ

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SALAS, MARGARITA
Address: PO BOX 832257
City-St-Zip: MIAMI, FL 33283 US

Title: MGRM () Delete
Name: RODRIGUEZ, ESTHER
Address: PO BOX 832257
City-St-Zip: MIAMI, FL 33283 US

Title: MGRM () Delete
Name: SALAS, GUILLERMO
Address: PO BOX 832257
City-St-Zip: MIAMI, FL 33283 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: MARGARITA SALAS

MGRM

04/15/2008

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