

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107992

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** GCS IRONING SYSTEMS, LLC.

**Current Principal Place of Business:**

2710 DEL PRADO BLVD  
#2 182  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

2710 DEL PRADO BLVD  
#2 182  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 26-1297793      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KRUPICK, PAUL  
2710 DEL PRADO BLVD  
#2 182  
CAPE CORAL, FL 33904 US

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

KALIA, TIM  
2710 DEL PRADO BLVD  
#2 182  
CAPE CORAL, FL 33904 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: TIM KALIA

04/19/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WELLS, DIANE  
Address: 1518 SHELBY PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM  
Name: WELLS, JAMES  
Address: 1518 SHELBY PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby 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: DIANE WELLS

MGRM

04/19/2011

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