

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122105

Entity Name: G.A.M.F. LLC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

927 FERN ST. STE 2500
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

7211 LAKE FLOY CIR.
ORLANDO, FL 32819 US

Current Mailing Address:

927 FERN ST. STE 2500
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

7211 LAKE FLOY CIR.
ORLANDO, FL 32819 US

FEI Number: 26-1702531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIDALGO, MIKE
927 FERN ST. STE 2500
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

HIDALGO, MIKE
7211 LAKE FLOY CIR.
ORLANDO, FL 32819 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: MIKE HIDALGO

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIDALGO, MIKE
Address: 927 FERN ST. STE 2500
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM (X) Delete
Name: OLIVEIRA, JEANNIER
Address: 927 FERN ST. STE 2500
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HIDALGO, MIKE
Address: 7211 LAKE FLOY CIR.
City-St-Zip: ORLANDO, FL 32819 US

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: MIKE HIDALGO

P

03/10/2009

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