

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056182

Entity Name: GGG1, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

105 BEACH DRIVE
STE. A5
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1419
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 26-2757059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GHOSH, JAY
105 BEACH DRIVE
STE. A5
FORT WALTON BEACH, FL 32547 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GHOSH, JAY
Address: 105 BEACH DRIVE, STE. A5
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: GOODPASTER, HOWARD
Address: 101 POQUITO ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM () Delete
Name: GOODPASTER, CHRIS
Address: 101 POQUITO ROAD
City-St-Zip: SHALIMAR, FL 32579

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: JAYANTA GHOSH

MGR

05/01/2009

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