

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102386

Entity Name: GSIP, LLC

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5639 COLDSTREAM COURT  
JACKSONVILLE, FL 32238

**New Principal Place of Business:**

5639 COLDSTREAM COURT  
JACKSONVILLE, FL 32222

**Current Mailing Address:**

5639 COLDSTREAM COURT  
JACKSONVILLE, FL 32238

**New Mailing Address:**

5639 COLDSTREAM COURT  
JACKSONVILLE, FL 32222

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SIMMONS, GREGG  
5639 COLDSTREAM COURT  
JACKSONVILLE, FL 32238 US

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

SIMMONS, GREGG  
5639 COLDSTREAM COURT  
JACKSONVILLE, FL 32222 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: GREGG SIMMONS

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SIMMONS, NANCY  
Address: 5639 COLDSTREAM COURT  
City-St-Zip: JACKSONVILLE, FL 32222

Title: MGRM  
Name: SIMMONS, GREGG  
Address: 5639 COLDSTREAM COURT  
City-St-Zip: JACKSONVILLE, FL 32222

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: GREGG SIMMONS

MGRM

03/30/2010

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