

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056863

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** GEPK, LLC

**Current Principal Place of Business:**

12305 SW 90 AVENUE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

12305 SW 90 AVENUE  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 27-0345784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOBIE, GRAHAM N  
12305 SW 90 AVENUE  
MIAMI, FL 33176 US

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

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:** MGRM  
**Name:** GOBIE, GRAHAM N  
**Address:** 12305 SW 90 AVENUE  
**City-St-Zip:** MIAMI, FL 33176

**Title:** MGR  
**Name:** GOBIE, PHILIP H III  
**Address:** 7520 SW 137 STREET  
**City-St-Zip:** MIAMI, FL 33158

**Title:** MGR  
**Name:** GOBIE, KATHERINE  
**Address:** 12127 SW 110 STREET CIRCLE SOUTH  
**City-St-Zip:** MIAMI, FL 33186

**Title:** MGR  
**Name:** MCPOLIN, GOBIE, EDITH S  
**Address:** 175 RHODODENDRON DRIVE  
**City-St-Zip:** ARDEN, SC 28704

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:** GRAHAM N GOBIE

MGR

02/17/2011

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