

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070887

Entity Name: GAU CON, LLC

**FILED**  
**Apr 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5379 LYONS ROAD, UNIT 147  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5379 LYONS ROAD, UNIT 147  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 27-0625464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHN, ALAN B  
100 WEST CYPRESS CREEK ROAD, SUITE 700  
FT. LAUDERDALE, FL 33309 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: MGR  
Name: LE, TIEN  
Address: 5379 LYONS ROAD, UNIT 147  
City-St-Zip: COCONUT CREEK, FL 33073

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: TIEN LE

MGR

04/03/2010

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