

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053785

Entity Name: GEST ENTERPRISE LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16022 HAWK HILL STREET  
CLERMONT, FL 34714

**New Principal Place of Business:**

16022 HAWK HILL STREET  
CLERMONT, FL 34714 UN

**Current Mailing Address:**

P.O. BOX 784313  
WINTER GARDEN, FL 347784313

**New Mailing Address:**

P.O. BOX 784313  
WINTER GARDEN, FL 347784313 UN

FEI Number: 42-1771515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SMITH, EDWIN G MR  
16022 HAWK HILL STREET  
CLERMONT, FL 34714 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: SMITH, EDWIN G MR  
Address: 16022 HAWK HILL STREET  
City-St-Zip: CLERMONT, FL 34714

Title: MGRM  
Name: SMITH, CHRISTINA M MRS  
Address: 16022 HAWK HILL STREET  
City-St-Zip: CLERMONT, FL 34714

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: EDWIN SMITH

MGRM

04/10/2012

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