

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000060569

Entity Name: G.C.I. USA, L.L.C.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

640 NE 21ST AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

640 NE 21ST AVENUE  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 27-4619287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COMAS, DANIELLE A  
640 NE 21ST AVENUE  
OCALA, FL 34470 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: COMAS, CHRISTIAN A SR  
Address: 640 NE 21ST AVENUE  
City-St-Zip: Ocala, FL 34470

Title: MGRM  
Name: GREENE, DONALD R SR  
Address: 1709 HARBOUR VIEW DRIVE  
City-St-Zip: LENIOR CITY, TN 37772

Title: MGRM  
Name: COMAS, DANIELLE A  
Address: 640 NE 21ST AVENUE  
City-St-Zip: Ocala, FL 34470

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: DANIELLE A COMAS

MGRM

01/06/2012

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