

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90094 036 ****50.00

DOCUMENT # L98000002317

1. Entity Name

G-F SYSTEMS LLC



Principal Place of Business

3072 LANSING WAY
THE VILLAGES FL 32162

Mailing Address

3072 LANSING WAY
THE VILLAGES FL 32162

2. Principal Place of Business

same
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3517404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

HARRIS, DONALD J
3072 LANSING WAY
Y
LADY LAKE FL 32162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HARRIS, DONALD J**
STREET ADDRESS **3072 LANSING WAY**
CITY-ST-ZIP **LADY LAKE FL 32162**

TITLE *Secretary* ☐ Delete
NAME **MARILYN A HARRIS**
STREET ADDRESS **3072 LANSING WAY**
CITY-ST-ZIP **LADY LAKE, FL 32162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Donald J Harris

1-20-06 352 750-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #