

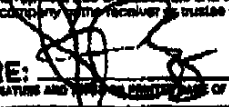
FILED
Apr 26, 2004 8:00 am
Secretary of State

03-08-2004 90272 036 *****5.00

04-26-2004 90053 030 *****45.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT (AR)**

3/8/3

DOCUMENT # M03000002707			
1. Entity Name GFS STORES, LLC			
Principal Place of Business 333 50TH STREET GRAND RAPIDS MI 49548		Mailing Address 333 50TH STREET GRAND RAPIDS MI 49548	
2. Principal Place of Business 3		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ DATE _____ (Signature, print or stamped name of registered agent and date of appointment) (NOTE: Registered Agents signature required when terminating)			
			
10. MANAGING MEMBERS/MANAGERS		11. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR FLSKMEYER, STEVEN PO BOX 1787 GRAND RAPIDS MI 49501-1787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 888, Florida Statutes.			
SIGNATURE: 		Date: 4-12-04 616-717-4451	
SIGNATURE AND TITLE OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

24054425



MOORE CR25080 (1/1/03)

4. FE Number **38-1249848** Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required