

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002707

Entity Name: GFS STORES, LLC

FILED  
Mar 01, 2007  
Secretary of State

**Current Principal Place of Business:**

333 50TH STREET SW  
GRAND RAPIDS, MI 49548

**New Principal Place of Business:**

**Current Mailing Address:**

333 50TH STREET SW  
PO BOX 2992  
GRAND RAPIDS, MI 49501

**New Mailing Address:**

FEI Number: 03-0525624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 ( ) Delete  
Name: GRAY, DAVID L  
Address: 333 50TH ST SW  
City-St-Zip: GRAND RAPIDS, MI 49548

Title: MGR ( ) Delete  
Name: GORDON, DANIEL A  
Address: 333 50TH ST SW  
City-St-Zip: GRAND RAPIDS, MI 49548

Title: MGR ( ) Delete  
Name: GORDON, JOHN M JR  
Address: 333 50TH ST SW  
City-St-Zip: GRAND RAPIDS, MI 49548

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN M. GORDON, JR.

MGR

03/01/2007

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