

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90083 034 \*\*\*\*50.00

**DOCUMENT #** M97000000325  
1. Entity Name

GAP STORES (FLORIDA), LLC

**DO NOT WRITE IN THIS SPACE**

956868

2. Principal Place of Business  
900 Cherry Ave  
Suite, Apt. #, etc.

3. Mailing Address  
40 First Plaza NW  
Suite, Apt. #, etc.  
Attn: Business License

DO NOT WRITE IN THIS SPACE

City & State  
San Bruno, Ca

City & State  
Albuquerque, NM

4. FEI Number  
94-3268462

Applied For  
Not Applicable

Zip  
94066

Country  
USA

Zip  
87102

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

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

1201 Hays Street

City  
Tallahassee

FL Zip Code  
32301

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.

SIGNATURE

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

DATE

**FEE IS: \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Manager  
The Gap, Inc  
One Harrison Street  
San Francisco, CA 94105

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE

Michael Zientek

4/18/02 505-4620033

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

Date

Daytime Phone #

CR2E083B (12/01)