

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000000559

1. Entity Name
GMFS, L.L.C.



Principal Place of Business
**7389 FLORIDA BLVD., SUITE 200A
BATON ROUGE, LA 70806**

Mailing Address
**7389 FLORIDA BLVD., SUITE 200A
BATON ROUGE, LA 70806**



04172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1441479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000738477
05/11/07-80067-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BROWN, J. TERRELL JR
STREET ADDRESS	7389 FLORIDA BLVD., SUITE 200A
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	MGRM
NAME	D'ARMOND, THOMAS W
STREET ADDRESS	7389 FLORIDA BLVD., SUITE 200A
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	MGRM
NAME	BROWN, TERRELL SR.
STREET ADDRESS	7389 FLORIDA BLVD., SUITE 200A
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Thomas W D'Armond

4/26/07

12257214-5016

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

Date

Daytime Phone #