

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000008089

**Entity Name:** GG TAURUS USA LLC**Current Principal Place of Business:**6620 SOUTHPOINT DRIVE SOUTH  
SUITE 200  
JACKSONVILLE, FL 32216**Current Mailing Address:**6620 SOUTHPOINT DRIVE SOUTH  
SUITE 200  
JACKSONVILLE, FL 32216 US**FEI Number:** 46-2750768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRANT, RICARDO  
13718 SAXON LAKE DRIVE  
JACKSONVILLE, FL 32225 US*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:** RICARDO GRANT**05/27/2015**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	MICHAEL, DUDNEY
Address	670 PARKWOOD DRIVE
City-State-Zip:	YORK PA 17404
Title	MANAGER
Name	MCKEE, LEE
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 200
City-State-Zip:	JACKSONVILLE FL 32216
Title	MANAGER
Name	PALMER, WARREN
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 200
City-State-Zip:	JACKSONVILLE FL 32216

Title	MANAGER
Name	RICHARD, HOLLEY
Address	14951 WALDEN SPRINGSWAY APT 916
City-State-Zip:	JACKSONVILLE FL 32258
Title	MANAGER
Name	CALIBRONE, MARK
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 200
City-State-Zip:	JACKSONVILLE FL 32216
Title	MANAGER
Name	GRANT, RICARDO
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 200
City-State-Zip:	JACKSONVILLE FL 32216

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL DUDNEY**MANAGER****05/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date