

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000007302

Entity Name: GFS II LLC**Current Principal Place of Business:**999 S WASHINGTON
SAGINAW, MI 48605**Current Mailing Address:**P.O. BOX 3257
SAGINAW, MI 48605 US**FEI Number:** 27-3379200**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HENGESBACH, PATRICK
Address 1852 THUNDERBIRD DRIVE
City-State-Zip: SAGINAW MI 48609

Title MANAGER
Name GARBER GATEWAY TRUST
Address 999 S WASHINGTON
City-State-Zip: SAGINAW MI 48605

Title MANAGER
Name DICKEN, R. MICHAEL
Address 3615 KOCHVILLE ROAD
City-State-Zip: SAGINAW MI 48604

Title MANAGER
Name DENAY, BENJAMIN
Address 3864 PRESERVE DRIVE
City-State-Zip: SAGINAW MI 48603

Title MANAGER
Name KARWAT, KRISTIN
Address 999 S WASHINGTON
City-State-Zip: SAGINAW MI 48605

Title MANAGER
Name GARBER, RICHARD
Address 999 S WASHINGTON
City-State-Zip: SAGINAW MI 48605

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: BENJAMIN DENAY**MANAGER****04/26/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date