

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019952

1. Entity Name
GC OF FLORIDA, LLC



Principal Place of Business

**950 MOODY ROAD
138
N. FT. MYERS, FL 33903**

Mailing Address

**950 MOODY ROAD
138
N. FT. MYERS, FL 33903**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0697783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MATLAND, RUDOLPH K
12995 CLEVELAND AVE.
107
FT. MYERS, FL 33907**

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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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BOREIKO, JOSEPH
STREET ADDRESS	950 MOODY ROAD #138
CITY-ST-ZIP	N. FT. MYERS, FL 33903
TITLE	MGR
NAME	VOTTA, ANTHONY
STREET ADDRESS	28480 DEL LAGO WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000475141
04/05/06-80003-021 50.00

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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: _____

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

Date **3/15/06**

Daytime Phone # _____