

# LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90062 047 \*\*\*138.75

DOCUMENT # L05000092821

1. Entity Name

Gulf Gate Investments LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

3025 Kirk Street

Suite, Apt. #, etc.

3. Mailing Address

3025 Kirk Street

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

Zip

33133

Country

4. FEI Number

20-3484512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6.

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Silvy Scherr

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

3025 Kirk Street

City MIAMI

FL

Zip Code

33133

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

Silvy Scherr

1/23/08

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

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

9.

MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM

Lawrence A. Scherr

3025 Kirk Street

MIAMI, FL 33133

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM

Daniel H. Scherr

5014 Cloud Burst Hill

Columbia, MD 21044

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM

Silvy Scherr

3025 Kirk Street

MIAMI, FL 33133

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

10.

**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:

Silvy Scherr

1/23/08 (305)285-1062

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

Date

Daytime Phone #