

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000009422

1. Entity Name

GAWN FISHIN', LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 10 PM 1:03

WL
9/23

Principal Place of Business

5117 CASTELLO DRIVE, SUITE 2
NAPLES FL 34103

Mailing Address

5117 CASTELLO DRIVE, SUITE 2
NAPLES FL 34103

2. Principal Place of Business

2950 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 16

City & State
Naples, FL

Zip
34103

Country
USA

3. Mailing Address

2950 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 16

City & State
Naples, FL

Zip
34103

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0589719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, PAUL A

5117 CASTELLO DRIVE, SUITE 2
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Paul A. Murray

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

28000 Spanish Wells Blvd.

City

Bonita Springs

FL

Zip Code

34135

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 reinstating)

DATE

8/15/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

900018683989

08/03--01092--003 **311.25

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATHINA KYRITIS
9240 BONITA BCH RD 2206
BONITA SPRINGS FL 34135

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

4/29/08

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

Date

Daytime Phone #

CR2E083 (10/02)

0038070