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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

L

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# K81980 Entity Name: GATOR SHERIDAN, INC.

# **Current Principal Place of Business:**

7850 NW 146TH STREET, 4TH FLOOR MIAMI LAKES, FL 33016

# **Current Mailing Address:**

7850 NW 146TH STREET, 4TH FLOOR MIAMI LAKES, FL 33016 US

## FEI Number: 22-2986842

## Name and Address of Current Registered Agent:

GOLDSMITH, JAMES A 7850 NW 146TH STREET, 4TH FLOOR MIAMI LAKES, FL 33016 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

# **Officer/Director Detail :**

Title	DPS	Title	V
Name	GOLDSMITH, JAMES A	Name	GOLDSMITH, WILLIAM I
Address	7850 NW 146TH STREET, 4TH FLOOR	Address	7850 NW 146TH STREET, 4TH FLOOR
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### FILED Mar 20, 2019 Secretary of State 9951797749CC

Date

Certificate of Status Desired: No

03/20/2019

Date

DPS