

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000015838

**Entity Name:** GULFSIDE LAND DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

15181 N.W. 33RD PLACE  
MIAMI, FL 33054

**Current Mailing Address:**

15181 N.W. 33RD PLACE  
MIAMI, FL 33054

**FEI Number: 02-0626564**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PINNA, WILLIAM R  
15181 N.W. 33RD PLACE  
MIAMI, FL 33054 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 PINNA, WILLIAM  
Address 49 NE 158 ST.  
City-State-Zip: MIAMI FL 33162

Title MGRM  
Name NEUMANN, BARRY  
Address 15 CORRINE PLACE  
City-State-Zip: KEY LARGO FL 33037

Title MGR  
Name COSTELLO, KATHRYN  
Address 3286 N. SIDE PKWY BORGHESE #904  
City-State-Zip: ATLANTA GA 30327

Title MGR  
Name BELDEN, SCOTT  
Address 4535 VASCO STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title MGRM  
Name BELDEN, SHERRI  
Address 4535 VASCO STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title MGRM  
Name PINNA, JOANN  
Address 49 NE 158 ST.  
City-State-Zip: MIAMI FL 33162

*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: JOANN PINNA**

**PARTNER**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date