

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000010113

**FILED**  
**Jan 02, 2019**  
**Secretary of State**  
**CC5799742571**

**Entity Name:** GGI, LLC

**Current Principal Place of Business:**

1000 N. ASHLEY DRIVE,  
SUITE 900  
TAMPA, FL 33602

**Current Mailing Address:**

1000 N. ASHLEY DRIVE,  
SUITE 900  
TAMPA, FL 33602 US

**FEI Number:** 59-3453881

**Certificate of Status Desired:** Yes

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

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVENUE  
SUITE 1600 (JGH)  
ORLANDO, FL 32801 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	MGRM
Name	MARRINER, BRUCE E
Address	1000 N. ASHLEY DRIVE, SUITE 900
City-State-Zip:	TAMPA FL 33602
Title	VP
Name	HUTCHESON, DAVID W.
Address	2507 CALLAWAY ROAD SUITE 100
City-State-Zip:	TALLAHASSEE FL 32303

Title	MGRM
Name	LLEWELLYN, MARK T
Address	2507 CALLAWAY ROAD SUITE 100
City-State-Zip:	TALLAHASSEE FL 32303

*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:** MARK T. LLEWELLYN SR.

**MANAGING MEMBER**

**01/02/2019**

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

\_\_\_\_\_  
Date