

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000001772

**Entity Name:** GATOR PARTNERS, LLC

**Current Principal Place of Business:**

3890 TURTLE CREEK DRIVE  
SUITE A  
PORT ORANGE, FL 32127

**Current Mailing Address:**

3890 TURTLE CREEK DRIVE  
SUITE A  
PORT ORANGE, FL 32127 US

**FEI Number:** 20-0559397

**Certificate of Status Desired:** No

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

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE  
SUITE B  
PORT ORANGE, FL 32127 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 LECOMPTE, JOSEPH DR  
Address 3890 TURTLE CREEK DRIVE SUITE A  
City-State-Zip: PORT ORANGE FL 32127

Title MGR  
Name PARKS, JEFF DR  
Address 410 JOHN ANDERSON DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title MGR  
Name STAUDT, EDWARD DR  
Address 944 BRIDGEWATER DRIVE SUITE 2B  
City-State-Zip: PORT ORANGE FL 32129

Title MGR  
Name LONG, JOHNS  
Address 155 N NOVA ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name GUINDI, SHERIFF  
Address 730 S ATLANTIC AVENUE  
City-State-Zip: ORMOND BEACH FL 32176

*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:** E JOSEPH LECOMPTE

**MANAGER**

**01/13/2015**

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

\_\_\_\_\_  
Date