

2014 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: DR. JOSEPH LECOMPTE

MGR

01/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date