

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060175

Entity Name: 10970 3RD AVE GULF, LLC**Current Principal Place of Business:**1037 5TH AVENUE NORTH
NAPLES, FL 34102**Current Mailing Address:**1037 5TH AVENUE NORTH
NAPLES, FL 34102 US**FEI Number:** 20-3079020**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GULLIFORD, JOHN T
1037 5TH AVENUE NORTH
NAPLES, FL 34102 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 GULLIFORD, JOHN T
Address 1037 FIFTH AVENUE NORTH
City-State-Zip: NAPLES FL 34102

Title MGR
Name HILTON, RONALD D
Address 1037 FIFTH AVENUE NORTH
City-State-Zip: NAPLES FL 34102

Title MGR
Name THORNHILL, GLENN O
Address 1037 FIFTH AVENUE NORTH
City-State-Zip: NAPLES FL 34102

Title MGR
Name MONTERO, DANIEL
Address 1037 FIFTH AVENUE NORTH
City-State-Zip: NAPLES FL 34102

Title MGR
Name HENTHORNE, DANIEL
Address 1037 FIFTH AVENUE NORTH
City-State-Zip: NAPLES FL 34102

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN T. GULLIFORD

MANAGER

02/04/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date