

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123972

**Entity Name:** WALTER GIBSON LLC

**Current Principal Place of Business:**

2794 RAVINES ROAD  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

2794 RAVINES ROAD  
MIDDLEBURG, FL 32068

**FEI Number:** 27-4185414

**Certificate of Status Desired:** No

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

GIBSON, WALTER  
2794 RAVINES ROAD  
MIDDLEBURG, FL 32068 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 GIBSON, WALTER O  
Address 2794 RAVINES ROAD  
City-State-Zip: MIDDLEBURG FL 32068

*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:** WALTER GIBSON

MGRM

04/30/2014

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

\_\_\_\_\_ Date