

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000081449

**Entity Name:** GULFSIDEMEDIA PHOTOGRAPHY LLC.

**Current Principal Place of Business:**

14503 DOLCE VISTA RD.  
#202  
FORT MYERS, FL 33908

**Current Mailing Address:**

PO BOX 07321  
FORT MYERS, FL 33919

**FEI Number: 36-4738417**

**Certificate of Status Desired:** No

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

SCHEBELIK, MICHAELA  
14503 DOLCE VISTA RD.  
#202  
FORT MYERS, FL 33908 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	Title	CHAIRMAN
Name	SCHEBELIK, MICHAELA	Name	SCHEBELIK, ISABELLA
Address	PO BOX 07321	Address	PO BOX 07321
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919

*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: MICHAELA SCHEBELIK**

**MANAGER**

**04/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date