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: CRAIG GASKINS

Electronic Signature of Signing Authorized Person(s) Detail

# 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000088050

Entity Name: CONNOR AND GASKINS, LLC

#### **Current Principal Place of Business:**

1998 TRADE CENTER WAY SUITE 2 NAPLES, FL 34109

## **Current Mailing Address:**

**1998 TRADE CENTER WAY** SUITE 2 NAPLES, FL 34109 US

## FEI Number: 46-1882158

## Name and Address of Current Registered Agent:

HAYES, TRAVIS ESQ. 3001 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103 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

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	CONNOR, BARRY	Name	GASKINS, CRAIG E
Address	5135 STARFISH AVENUE	Address	2345 LONGBOAT DRIVE
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34104

Certificate of Status Desired: No

04/26/2013 MEMBER

Date

FILED Apr 26, 2013 Secretary of State CC6184766787

Date