

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000119378

**Entity Name:** GUNNCHAMBERLAIN CPA FIRM, PL

**Current Principal Place of Business:**

4350 PABLO PROFESSIONAL COURT  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4350 PABLO PROFESSIONAL COURT  
JACKSONVILLE, FL 32224

**FEI Number:** 46-1041593

**Certificate of Status Desired:** No

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

GUNN, MARSHALL DJR.  
4350 PABLO PROFESSIONAL COURT  
JACKSONVILLE, FL 32224 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 GUNN, MARSHALL DJR.  
Address 4350 PABLO PROFESSIONAL COURT  
City-State-Zip: JACKSONVILLE FL 32224

Title MGRM  
Name CHAMBERLAIN, JOEL C  
Address 4350 PABLO PROFESSIONAL COURT  
City-State-Zip: JACKSONVILLE FL 32224

*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:** MARSHALL D. GUNN, JR.

**PRESIDENT**

**04/09/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date