

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000157730

Entity Name: GATRENTONTK LLC

Current Principal Place of Business:

2746 SE EAGLE DR.
PORT ST. LUCIE, FL 34984

Current Mailing Address:

PO BOX 7997
PORT ST. LUCIE, FL 34985 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOMO, THELMA
2746 SE EAGLE DR.
PORT ST. LUCIE, FL 34984 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 KOMO, THELMA
Address 2746 SE EAGLE DR.
City-State-Zip: PORT ST. LUCIE FL 34984

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: THELMA KOMO

MGR

04/26/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date