

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000157742

Entity Name: GATRENTONLAS 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:

SAMMULI, LYNN
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: LYNN SAMMULI

03/25/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SAMMULI, LYNN
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNN SAMMULI

PRESIDENT

03/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date