

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000095807

Entity Name: GULL COVE, LLC

Current Principal Place of Business:

629 8 ST S
NAPLES, FL 34102-6620

Current Mailing Address:

340 9TH STREET N
#131
NAPLES, FL 34102-6620 US

FEI Number: 46-3532581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEMAN, YOVANOVICH & KOESTER, P.A.
4001 TAMIAMI TR N STE 300
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

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name MAXWELL, TIMOTHY J
Address 340 9TH STREET N
#131
City-State-Zip: NAPLES FL 34102-6620

Title MANAGING MEMBER
Name MAXWELL, JULIE
Address 340 9TH STREET N
#131
City-State-Zip: NAPLES FL 34102-6620

Title AUTHORIZED MEMBER
Name VOGGESANG VENTURES
Address 2117 CLIFF DRIVE
City-State-Zip: EAGAN MN 55122

Title AUTHORIZED REPRESENTATIVE
Name BURBERRY, JAMES
Address 629 8 ST S
City-State-Zip: NAPLES FL 34102-6620

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: TIMOTHY J MAXWELL

MANAGING MEMBER

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date