2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2015
Secretary of State
CC7314935695

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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 REPRESENTATIVE
Name	PETERSON, HARTER
Address	629 8TH STEET S
City-State-Zip:	NAPLES FL 34102-6620

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

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 01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date