

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000160848

**Entity Name:** GULF-ATLANTIC POWDER COATING, LLC

**Current Principal Place of Business:**

12900 34TH STREET NORTH  
CLEARWATER, FL 33762

**Current Mailing Address:**

12900 34TH STREET NORTH  
CLEARWATER, FL 33762 US

**FEI Number: 46-4120679**

**Certificate of Status Desired: Yes**

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

YOUMANS, CHRIS S  
146 2ND NORTH STE 200  
ST PETERSBURG, FL 33701 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 YOUMANS, CHRIS S  
Address 146 2ND NORTH STE 200  
City-State-Zip: ST PETERSBURG FL 33701

Title MGR  
Name BAKER, IVAN  
Address 146 2ND NORTH STE 200  
City-State-Zip: ST PETERSBURG FL 33701

Title MGR  
Name MANDULA, MARK  
Address 146 2ND NORTH STE 200  
City-State-Zip: ST PETERSBURG FL 33701

Title MGR  
Name RASMUS, MARK  
Address 146 2ND NORTH STE 200  
City-State-Zip: ST PETERSBURG FL 33701

Title MGR  
Name GRUBBS, SALLEIGH  
Address 146 2ND NORTH STE 200  
City-State-Zip: ST PETERSBURG FL 33701

*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: SALLEIGH GRUBBS**

**MANAGER**

**03/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date