

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000034893

Entity Name: CHECK DAT GEAR.LLC**Current Principal Place of Business:**3989 SW KAKOPO ST
PORT ST LUCIE, FL 34953-3632**Current Mailing Address:**3989 SW KAKOPO ST
PORT ST LUCIE, FL 34953-3632 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWNING, TERENCE D SR.
3989 SW KAKOPO ST
PORT ST LUCIE, FL 34953-3632 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	P
Name	DOWNING, TERENCE D SR.
Address	3898 S.W. KAKOPO STREET
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	MGR
Name	MERRELL, JAKIIS N
Address	3989 SW KAKOPO ST
City-State-Zip:	PORT ST LUCIE FL 34953-3632

Title	MGR
Name	MCMASTER, ALAN C
Address	6790 GARDE ROAD
City-State-Zip:	BOYNTON BEACH FL 33472

Title	MGR
Name	LINK, KENYON
Address	1650 PRESIDENTIAL WAY
City-State-Zip:	WEST PALM BEACH FL 33401

Title	MGR
Name	DOWNING, TERENCE D SR.
Address	3989 SW KAKOPO ST
City-State-Zip:	PORT ST LUCIE FL 34953-3632

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: TERENCE DOWNING

P

02/11/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date