

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000110824

**Entity Name:** GULF CONNECT LLC

**Current Principal Place of Business:**

1035 S STATE RD 7, SUITE 313  
WELLINGTON, FL 33414

**Current Mailing Address:**

1035 S STATE RD 7, SUITE 313  
WELLINGTON, FL 33414

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HOSHOR, SANDRA  
1035 S STATE RD 7 SUITE 313  
WELLINGTON, FL 33414 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 SHARAFI, ABDULLAH  
Address 11757 KATY FWY STE 890  
City-State-Zip: HOUSTON TX 77079

Title AMBR  
Name HOSHOR, SANDRA  
Address 1035 S STATE RD 7, SUITE 313  
City-State-Zip: WELLINGTON FL 33414

*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:** SANDRA HOSHOR

AMBR

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date