

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000071492

Entity Name: GAMZO 1 LLC

Current Principal Place of Business:

735 102ND AVE N
NAPLES, FL 34108

Current Mailing Address:

PO BOX 2791
ASHEVILLE, NC 28802

FEI Number: 47-3835687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHN C GOEDE PA
8950 FONTANA DEL SOL WAY
SUITE 100
NAPLES, FL 34109 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 QUATE, WALTER R
Address PO BOX 2791
City-State-Zip: ASHEVILLE NC 28802

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: WALTER RAY QUATE

MANAGER

02/21/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date