

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000001938

**Entity Name:** GATOR COUNTRY HOLDINGS LLC

**Current Principal Place of Business:**

4720 SALISBURY RD.  
SUITE 229  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4720 SALISBURY RD.  
SUITE 229  
JACKSONVILLE, FL 32256 UN

**FEI Number:** 81-1074556

**Certificate of Status Desired:** No

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

B&S ACCOUNTING & TAX SERVICE LLC  
4720 SALISBURY RD.  
SUITE 229  
JACKSONVILLE, FL 32256 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 AP  
Name STEINFELD, DAVID  
Address 4720 SALISBURY RD.  
City-State-Zip: JACKSONVILLE FL 32256

Title AP  
Name BARAKAT, BSHARA  
Address 8188 WAKIVA WAY  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name BARAKAT, JOHN P  
Address 8188 WEKIVA WAY  
City-State-Zip: JACKSONVILLE FL 32256

*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:** DAVID STEINFELD

AP

04/10/2017

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

\_\_\_\_\_  
Date