

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000046754

**Entity Name:** GULF AC, LLC

**Current Principal Place of Business:**

8707 SOMERSWORTH PL.  
TAMPA, FL 33634

**Current Mailing Address:**

8707 SOMERSWORTH PL.  
TAMPA, FL 33634

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FERNANDEZ, ALVARO  
8707 SOMERSWORTH PL.  
TAMPA, FL 33634 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                 | Title           | MGR                 |
| Name            | FERNANDEZ, ALVARO   | Name            | FERNANDEZ, FERNANDO |
| Address         | 8707 SOMERSWORTH PL | Address         | 8707 SOMERSWORTH PL |
| City-State-Zip: | TAMPA FL 33634      | City-State-Zip: | TAMPA FL 33635      |

*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:** FERNANDEZ , ALVARO

**MGR**

**01/02/2020**

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

\_\_\_\_\_  
Date