

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000125742

**Entity Name:** GASPARILLA COVE,LLC

**Current Principal Place of Business:**

4449 PARKSPRING TERRACE  
NORCROSS, GA 30092

**Current Mailing Address:**

4449 PARKSPRING TERRACE  
NORCROSS, GA 30092

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HOLLOWAY, JAMES T  
4114 W. SAN JUAN STREET  
TAMPA, FL 33629 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	DAVIDSON, MARY L	Name	MAHONEY, ROBERT J
Address	4449 PARKSPRING TERRACE	Address	4449 PARKSPRING TERRACE
City-State-Zip:	NORCROSS GA 30092	City-State-Zip:	NORCROSS GA 30092

*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:** MARY LOU DAVIDSON

MGR

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date