

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000194117

**Entity Name:** 301 WEST GORRIE DRIVE, LLC

**Current Principal Place of Business:**

193 RIVER ROAD  
CARRABELLE, FL 32322

**Current Mailing Address:**

PO BOX 1078  
CARRABELLE, FL 32322 US

**FEI Number:** 81-4240189

**Certificate of Status Desired:** No

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

BARFIELD, ADAM T  
193 RIVER ROAD  
CARRABELLE, FL 32322 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            AMBR  
Name            BARFIELD, ADAM T  
Address        193 RIVER ROAD  
City-State-Zip: CARRABELLE FL 32322

Title            AMBR  
Name            BARFIELD, GILBERT  
Address        193 RIVER ROAD  
City-State-Zip: CARRABELLE FL 32322

*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:** ADAM T BARFIELD

AMBR

03/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date