LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90135 005 ****55.00

DOCUMENT # L 000 000 14359

1. Entity Name
Gaeton Capital Advisors L.L.C.

970678

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1800 Second Street		Same	
Suite, Apt. #, etc.: Suite 780		Suite, Apt. #, etc.	
City & State: Sarasota FL		City & State	
Zip: 34236	Country: USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1068191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gaeton S. Della Penna
Street Address (P.O. Box Number is Not Acceptable): 1800 Second Street, Suite 780
City: Sarasota FL Zip Code: 34236

8. 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 ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PD	TITLE	
NAME	Gaeton S. Della Penna	NAME	
STREET ADDRESS	1800 Second Street, Ste. 780	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature] mgr. - Director — 7/16/02 — 941-365-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #