

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90018 010 ****50.00

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1. Entity Name

GUI TO & GUI TO, P.L.

Principal Place of Business

4235 HENDERSON BLVD
TAMPA FL 33629

Mailing Address

4235 HENDERSON BLVD
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

P.O. Box 18292

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

Zip

Country

Zip

Country

33679

USA

4. FEI Number

59-3712488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUI TO, KAREN E
4235 HENDERSON BLVD
TAMPA FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

708 E. Jackson St.

City

Tampa, FL

Zip Code

33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen E. Guito

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GUI TO, RALPH M III
STREET ADDRESS 4235 HENDERSON BLVD
CITY-ST-ZIP TAMPA FL 33629

TITLE MGRM ☐ Delete
NAME GUI TO, KAREN E ATTY
STREET ADDRESS 4235 HENDERSON BLVD
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5105 W. Poc Ave.
CITY-ST-ZIP Tampa, FL 33629

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 708 E. Jackson St.
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Karen E. Guito (Karen E. Guito)

6/30/05

813 288-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #