2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L00000015482

1. Entity Name
GAIL INVESTMENTS, LLC



Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90687 001 ****50.00

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Principal Place of Business 4501 TANIANI TRAIL NORTH SUITE 300 NAPLES, FL 34103			Mailing Address 4501 TAMIANI TRAIL NORTH SUITE 300 NAPLES, FL 34103			,.					
2. Principal Place of Business 1048 STRIMENOS LANE Suite, Apt. #, etc.			3. Mailing Address 1048 STRIMENOS LANE Suite, Apr. 6. etc.			E					
Suite, Apt	. *, 50.		Suite, Apt. #, etc.				CHECK HERE IF	MAKING CH	Anges		
City & State LEES BURG, FL			City & State LEES BUPG, FL				4. FEI Number 59-3688487 Applied For Not Applicable				7
Zip 347	Zip Country 34748		Zip Count 34748		try	5. Certificate of Status Desired		\$5.00 Additional Fee Required			
6. Name and Address of Current Re			egistered Agent				. 7. Name and Address of New Registered Agent				
NAPLES-LAWDOCK, INC.					Name	G-A1					1
4501 TAMIAMI TRAIL NORTH SUITE 300							P.O. Box Number is Not Acceptable)				
NAPLES, FL 34103						१०५४	STRIMENOS LANE			·	
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3. The above	named entity submits the named entity submits the named entity submits the named entitles are named entitles.	nis statement for	the purpose of changing its	registere	d office or	registere	ed agent, or both, in the State of Florid	a. I am fami	liar with,	and accept	1
nie coußer	uons or registered agent	1/1									}
SIGNATURE	Signature, typed or publish name		Carried SHOTE				when at insusting)	DATE			
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11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

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TITLE

NAME

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

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Daytime Phone #

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