

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000014804

1. Entity Name
GULF FINANCE COMPANY, LLC



Principal Place of Business

**2494 BAYSHORE BLVD
SUITE 102
DUNEDIN, FL 34698 US**

Mailing Address

**2494 BAYSHORE BLVD
SUITE 102
DUNEDIN, FL 34698 US**



04182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3740974

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUBOTSKY, DAVID A
2494 BAYSHORE BLVD
SUITE 102
DUNEDIN, FL 34698**

**DO NOT WRITE
IN THIS SPACE**

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

David A Lubotsky

David A Lubotsky

4/18/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BLOOM, HERBERT
STREET ADDRESS	1398 MAIN STREET
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	MGRM
NAME	LUBOTSKY, DAVID A
STREET ADDRESS	2494 BAYSHORE BLVD, SUITE 102
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000350031
05/02/05-80087-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

David A Lubotsky

David A Lubotsky

4/18/05

(727) 733-5504

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

Date

Daytime Phone #