

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90038 034 ****50.00

DOCUMENT # L02000007000

1. Entity Name
GULF SHORELINE, LLC



Principal Place of Business
444 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

Mailing Address
444 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

13010000



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLMES, MARY L
444 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOLMES, MARY L
STREET ADDRESS 444 GULF OF MEXICO DRIVE
CITY - ST - ZIP LONGBOAT KEY, FL 34228

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

Date

Daytime Phone #