

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000009422

1. Entity Name
GAWN FISHIN', LLC



Principal Place of Business
2950 TAMiami TRAIL N
SUITE 16
NAPLES, FL 34103

Mailing Address
2950 TAMiami TRAIL N
SUITE 16
NAPLES, FL 34103

FILED

05 MAY 12 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012005 No Chg-LLC

CR2E083 (10/03)

50.00

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0589719

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KYRITSIS, ATHINA
2950 TAMiami TRAIL N. STE 16
NAPLES, FL 34103

**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**

100054306561
05/12/05--01007--001 **262.50

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KYRITSIS, ATHINA
9240 BONITA BEACH RD 2206
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GREKOS, ZANNOS
2950 TAMiami TRAIL N STE 16
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KYRITSIS, ATHINA
2950 TAMiami TRAIL N STE 16
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: _____

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

5 April 05

Date

2396494805

Daytime Phone #