

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000022113

1. Entity Name
GULF SHORE ASSOCIATES, LLC



Principal Place of Business
6067 17TH STREET, EAST
BRADENTON, FL 34203

Mailing Address
6067 17TH STREET, EAST
BRADENTON, FL 34203



01132004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2289377

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOCINSKI, ROBERT
6067 17TH STREET, EAST
BRADENTON, FL 34203

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME GOCINSKI, ROBERT
STREET ADDRESS 6067 17TH ST EAST
CITY-ST-ZIP BRADENTON, FL 34203

TITLE VP
NAME UNGARELLI, JOSEPH
STREET ADDRESS 6067 17TH ST EAST
CITY-ST-ZIP BRADENTON, FL 34203

TITLE T
NAME UNGARELLI, DOROTHY
STREET ADDRESS 6067 17TH ST EAST
CITY-ST-ZIP BRADENTON, FL 34203

TITLE S
NAME GOCINSKI, DOLORES
STREET ADDRESS 6067 17TH ST EAST
CITY-ST-ZIP BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000021157
01/29/04-80096-011 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)(f), 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 #

Robert Gocinski 1-22-04 941-753-7500