

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 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



01062005No 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, 2005

1100001180479
01/14/05-80008-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOCINSKI, ROBERT 6067 17TH ST EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP UNGARELLI, JOSEPH 6067 17TH ST EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T UNGARELLI, DOROTHY 6067 17TH ST EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOCINSKI, DOLORES 6067 17TH ST EAST BRADENTON, FL 34203
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**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

Date

Daytime Phone

Robert Gocinski #1-10-05 941-753-7500