

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

FILED
Jan 23, 2007 08:00 AM
Secretary of State



01162007No Chg-LLC

CR2E083 (11/05)

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, 2007**

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	

U000000599592
01/25/07-80033-023 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

[Signature] Robert Gocinski, President 1/19/07 941 753.7800