


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000022956 1. Entity Name GULF COAST ACADEMY OF MARTIAL ARTS, LLC	
--	---

Principal Place of Business 306 BURNT PINE DRIVE NAPLES, FL 34119 US	Mailing Address 306 BURNT PINE DRIVE NAPLES, FL 34119 US
--	--



DO NOT WRITE IN THIS SPACE

07302007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1019735	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**WOLLMAN, EDWARD E
5128 CASTELLO DRIVE
SUITE 1
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 _____ (NOTE: Registered Agent signature required when revocating) **7/29/07**
Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**000000771258
08/02/07-80004-016 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISENBERG, JOSHUA P 306 BURNT PINE DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: _____ **7/29/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #