

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90228 047 ****50.00

DOCUMENT # L03000015372

1. Entity Name
GOTLAND, LLC



Principal Place of Business
**PO BOX 1569
NOKOMIS, FL 34274**

Mailing Address
**PO BOX 1569
NOKOMIS, FL 34274**



02072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1175255

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, GREGORY C
341 VENICE AVENUE WEST
VENICE, FL 34285**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIGMUND, PAMELA
STREET ADDRESS	PO BOX 1569
CITY-ST-ZIP	NOKOMIS, FL 34274
TITLE	MGRM
NAME	RONALD Litzell
STREET ADDRESS	4411 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34233
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: *Pamela Sigmund* **Pamela Sigmund**

2/6/06 **2/6/06**

941-497-2763 **941-497-2763**

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

Date

Daytime Phone #