

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015372

Entity Name: GOTLAND, LLC

FILED  
Jan 20, 2009  
Secretary of State

**Current Principal Place of Business:**

PO BOX 1569  
NOKOMIS, FL 34274

**New Principal Place of Business:**

375 MICHAELANGELO DRIVE  
OSPREY, FL 34229

**Current Mailing Address:**

PO BOX 1569  
NOKOMIS, FL 34274

**New Mailing Address:**

FEI Number: 57-1175255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIGMUND, PAMELA  
Address: PO BOX 1569  
City-St-Zip: NOKOMIS, FL 34274

Title: MGRM ( ) Delete  
Name: LITEGILL, RONALD  
Address: 4411 BEE RIDGE DR  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date