

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006973

FILED
Apr 29, 2009
Secretary of State

Entity Name: GULFSIDE CPA, LLC

Current Principal Place of Business:

3410 NW 5TH STREET
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

PO BOX 151958
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 73-1730867 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RABY, DEANA M
3410 NW 5TH STREET
CAPE CORAL, FL 33993 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: RABY, DEANA M
Address: P.O. BOX 151958
City-St-Zip: CAPE CORAL, FL 33915

ADDITIONS/CHANGES:

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: DEANA RABY

MGRM

04/29/2009

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