

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000014093

1. Entity Name

GULF BREEZE CONCESSIONS, LLC



Principal Place of Business

**26220 BONITA FAIRWAY CIRCLE
BONITA SPRINGS, FL 34135-6570**

Mailing Address

**26220 BONITA FAIRWAY CIRCLE
BONITA SPRINGS, FL 34135-6570**



02262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0716966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, DEBRA I 26220 BONITA FAIRWAY CIRCLE BONITA SPRINGS, FL 341356570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, DAVID A 26220 BONITA FAIRWAY CIRCLE BONITA SPRINGS, FL 341356570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALE, DAVID A 26220 BONITA FAIRWAY CIRCLE BONITA SPRINGS, FL 341356570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALE, DEBRA I 26220 BONITA FAIRWAY CIRCLE BONITA SPRINGS, FL 341356570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000660706
03/20/07-80011-011 50.00

**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 606, Florida Statutes.

SIGNATURE: David A. Hale **DAVID A. HALE** **3-5-07** **239 992 5799**

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

Date

Daytime Phone #