

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 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**



02282008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000849968
03/21/08-80042-016 138.75

**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: _____

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

3-3-08

Date

239 992 5299

Daytime Phone #