

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90054 039 ***138.75

DOCUMENT # L04000035408

1. Entity Name
GATEHOUSE WEST, LLC



Principal Place of Business
**400 5TH AVENUE SOUTH
205
NAPLES, FL 34102**

Mailing Address
**400 5TH AVENUE SOUTH
205
NAPLES, FL 34102**

60008486



2. Principal Place of Business - No P.O. Box #
4522 Executive Drive

3. Mailing Address
4522 Executive Drive

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

02122008 Chg-LLC CR2E083 (12/06)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
20-1109623

Applied For
☐ Not Applicable

Zip
34119 Country
USA

Zip
34119 Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CREELE, SARAH A
400 5TH AVE SOUTH
STE 203
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4522 Executive Drive
Suite 201
City
Naples, FL Zip Code
34119

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 re-registering)

DATE

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

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLINTON, J.D.
400 5TH AVE S STE 203
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CREELE, SARAH A
400 5TH AVE S STE 203
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4522 Executive Drive, Suite 201
Naples, FL 34119** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4522 Executive Drive, Suite 201
Naples, FL 34119** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DAN J. JACKSON

2/12/08

Date

731-780-1863

Daytime Phone #