

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90559 037 ****55.00

DOCUMENT # L04000050207

1. Entity Name
GATEWAY HOLDINGS GROUP SELVA, LLC



Principal Place of Business
**1802 EASTERN DRIVE
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**1802 EASTERN DRIVE
JACKSONVILLE BEACH, FL 32250 US**

2. Principal Place of Business
2027 Mayport Road

3. Mailing Address
PO Box 330810



01062005 Chg-LLC CR2E083 (10/03)

City & State
Atlantic Beach, FL

City & State
Atlantic Beach, FL

Zip
32233

Country
USA

Zip
32233

Country
USA

4. FEI Number
20-1327117

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MACRI, JENNIFER M MS.
1802 EASTERN DRIVE
JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent

Name
348 Plaza

Street Address (P.O. Box Number is Not Acceptable)
Atlantic Beach, FL 32233

City
Atlantic Beach, FL

Zip Code
32233

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 *Jennifer Macri* **Registered Agent**

5/30/2005

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR

NAME
DEL CARMEN, JOSEPH V

STREET ADDRESS
2416 EVERGREEN FOREST COURT

CITY-ST-ZIP
WILDWOOD, MO 63071

TITLE
MGR

NAME
DEL CARMEN, JEFFREY R

STREET ADDRESS
155 LAKE VILLAGE DRIVE, APT. #205

CITY-ST-ZIP
ANN ARBOR, MI 48103

TITLE
MGR

NAME
DEL CARMEN, JAMES E

STREET ADDRESS
410 BALLWIN ESTATES

CITY-ST-ZIP
BALLWIN, MO 63021

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE

NAME
1908 Creekside Circle

STREET ADDRESS
Atlantic Beach, FL 32233

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME
371 Plaza

STREET ADDRESS
Atlantic Beach, FL 32233

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jennifer Macri* **Authorized Representative** **5/30/05** **904-887-7453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #