

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000085804

1. Entity Name
GATEWAY DEVELOPMENT OF DAYTONA BEACH, LLC



Principal Place of Business
**200 E GRANADA BOULEVARD
SUITE 200
ORMOND BEACH, FL 32176 US**

Mailing Address
**200 E GRANADA BOULEVARD
SUITE 200
ORMOND BEACH, FL 32176 US**



02012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1957973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SELBY, DWIGHT C
200 E GRANADA BOULEVARD
SUITE 200
ORMOND BEACH, FL 32176**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SELBY, DWIGHT C
200 E GRANADA BOULEVARD
ORMOND BEACH, FL 32176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHARPLES, DARRELD K
4840 S PENINSULA DRIVE
PONCE INLET, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ANDERSON, GEORGE D
4840 S PENINSULA DRIVE
PONCE INLET, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000836711
03/04/08-80028-017 138.75

**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

Date

Daytime Phone #

2/20/08