

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90152 035 ****50.00

DOCUMENT # L05000002562

1. Entity Name

GULFCOAST PROPERTY SERVICES, LLC



Principal Place of Business

16650 MCGREGOR BLVD STE. 103
FORT MYERS FL 33908-3844

Mailing Address

16650 MCGREGOR BLVD STE. 103
FORT MYERS FL 33908-3844

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

41-2161908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEOHANE, MARIE
16650 MCGREGOR BLVD STE. 103
FORT MYERS FL 33908-3844

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Marie KEOHANE

(NOTE: Registered Agent signature required when re-registering)

1-1-07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
BARAHONA, HECTOR R
16650 MCGREGOR BLVD.
FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
SCHEFER, WAYNE
19730 SOUTH TAMiami TRAIL #187
FORT MYERS FL 33908-4846 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
KEOHANE, MARIE
16650 MCGREGOR BLVD STE. 103
FORT MYERS FL 33908-3844 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Marie KEOHANE

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

1-1-07 (239) 590-9990

Date

Daytime Phone #