

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

7. Jul 27, 2006 8:00 am  
Secretary of State

07-10-2006 90104 041 \*\*\*\*50.00

DOCUMENT # L05000106717

1. Entity Name  
GATEWAY MAINTENANCE, LLC



Principal Place of Business  
23801 HARBORVIEW ROAD 2ND FL  
PORT CHARLOTTE, FL 33980

Mailing Address  
PO BOX 380758  
MURDOCK, FL 33938

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-3793111

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

WISHARD, KRISTINE  
23801 HARBORVIEW ROAD 2ND FL  
PORT CHARLOTTE, FL 33980

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00  
Due by September 8, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD William Wishard  
PO Box 380768  
Murdock, FL 33938 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD Kristine Wishard  
PO Box 380758  
Murdock, FL 33938 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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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: Kristine Wishard

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

7/5/06 94-629-8790

Date Daytime Phone