## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017284

Entity Name: 57 GUNN, LLC

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5245 BIG PINE WAY 12800 UNIVERSITY DR

**SUITE #150 SUITE #102** 

FT. MYERS, FL 33907 US FT. MYERS, FL 33907 US

**Current Mailing Address: New Mailing Address:** 

5245 BIG PINE WAY PO BOX 07367

**SUITE #102** FT. MYERS, FL 33919 US FT. MYERS, FL 33907 US

FEI Number: 20-3932906 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROGAN, ROKKI ROGAN, ROKKI 5245 BIG PINE WAY 12800 UNIVERSITY DR

**SUITE #102** SUITE #150

FT. MYERS, FL 33907 US FT. MYERS, FL 33907 US

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.

SIGNATURE: 04/28/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

ROGAN, ROKKI Name: Name: ROGAN, ROKKI 5245 BIG PINE WAY SUITE#102 Address: 12800 UNIVERSITY DR # 150 Address:

City-St-Zip: FT. MYERS, FL 33907 US City-St-Zip: FT. MYERS, FL 33907 US

Title: MGRM () Delete Title: () Change () Addition

CAMACCI, MICHAEL A Name: Name: Address: 19720 PRINCE BENJAMIN DR. Address: City-St-Zip: LUTZ, FL 33549 US City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

MOUNCE, JOHN Name: Name: 5245 BIG PINE WAY SUITE #102 Address: Address: City-St-Zip: FT. MYERS, FL 33907 US City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name: RYON, FRANCES W JR. Name: 488 BOSPHOROUS AVE. Address: Address: City-St-Zip: TAMPA, FL 33607 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROKKI ROGAN **MGRM** 04/28/2009