

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000091109**

1. Entity Name

GULFSTATES DEVELOPMENT, LLC



Principal Place of Business

40 SOUTH PALAFOX PLACE, SUITE 500  
PENSACOLA, FL 32502

Mailing Address

PO BOX 940  
GULF BREEZE, FL 32562



04092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2247247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LIBERIS, CHARLES S  
40 SOUTH PALAFOX PLACE, SUITE 500  
PENSACOLA, FL 32502

**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**

U000000943198  
05/29/08-80050-015 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LIBERIS, CHARLES S
STREET ADDRESS	40 SOUTH PALAFOX PLACE, SUITE 500
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	MGRM
NAME	BRANNEN, DAVID A
STREET ADDRESS	PO BOX 940
CITY-ST-ZIP	GULF BREEZE, FL 32562
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

*David A. Brannen* 4/30/08 850-434-7700