

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038986

Entity Name: NORTH GULF, LLC

FILED
Apr 23, 2011
Secretary of State

Current Principal Place of Business:

6863 NAVARRE PARKWAY
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5207
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-8847394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR.
Name: BROWN, PAUL P
Address: 6863 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566 US

Title: MRS.
Name: BROWN, ELIZABETH A
Address: 6863 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566 US

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: NAVARRE, FL 32566

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: NAVARRE, FL 32566

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: NAVARRE, FL 32566

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: NAVARRE, FL 32566

I hereby 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: ELIZABETH A BROWN

MRS.

04/23/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date