

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080118

FILED
Feb 06, 2009
Secretary of State

Entity Name: GASPER'S OF FT. MYERS, LLC

Current Principal Place of Business:

4383 COLONIAL BLVD., #100
FT. MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

4383 COLONIAL BLVD., #100
FT. MYERS, FL 33966

New Mailing Address:

FEI Number: 22-3967205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CIARAMITARO, GASPER G
4383 COLONIAL BLVD
UNIT-100
FT MYERS, FL 33966 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: GASPER CIARAMITARO

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CIARAMITARO, GASPER G
Address: 4383 COLONIAL BLVD., #100
City-St-Zip: FT. MYERS, FL 33966

Title: MGR () Delete
Name: CIARAMITARO, CHRISTINE M
Address: 4383 COLONIAL BLVD., #100
City-St-Zip: FT. MYERS, FL 33966

Title: S () Delete
Name: CIARAMITARO, CHRISTINE M
Address: 4383 COLONIAL BLVD., #100
City-St-Zip: FT. MYERS, FL 33966

Title: T () Delete
Name: CIARAMITARO, GASPER G
Address: 4383 COLONIAL BLVD., #100
City-St-Zip: FT. MYERS, FL 33966

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: GASPER CIARAMITARO

MGR

02/06/2009

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