

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080118

FILED
Feb 11, 2010
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:

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

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

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

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

Title: MGR
Name: CIARAMITARO, MARISA A
Address: 4383 COLONIAL BLVD #100
City-St-Zip: FT MYERS, FL 33966 US

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: GASPER CIARAMITARO

MGR

02/11/2010

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