

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087689

**FILED**  
**Sep 05, 2010**  
**Secretary of State**

**Entity Name:** GATOR LIFE, LLC

**Current Principal Place of Business:**

14440 PELICAN BAY COURT  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

14451 PELICAN BAY COURT  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

14440 PELICAN BAY COURT  
JACKSONVILLE, FL 32224

**New Mailing Address:**

14451 PELICAN BAY COURT  
JACKSONVILLE, FL 32224

**FEI Number:** 26-0785589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, ROBERT J  
14440 PELICAN BAY COURT  
JACKSONVILLE, FL 32224 US

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

FARGARDO, JOSEPH A  
14451 PELICAN BAY COURT  
JACKSONVILLE, FL 32224 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: 'JOSEPH FARGARDO'

09/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FARGARDO, JOSEPH A  
Address: 14451 PELICAN BAY COURT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR  
Name: WATSON, ROBERT J  
Address: 14440 PELICAN BAY COURT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: T  
Name: FARGARDO, DIANA M  
Address: 14451 PELICAN BAY COURT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: S  
Name: WATSON, JENNIFER  
Address: 14440 PELICAN BAY COURT  
City-St-Zip: JACKSONVILLE, FL 32224

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: 'ROBERT WATSON'

MGR

09/05/2010

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