

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106065

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** GULLOTTA'S HOMEWATCH, REPAIRS, AND GARDEN MASTERY LLC

**Current Principal Place of Business:**

10412 NEW BRUNSWICK STREET  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

22162 HERNANADO AVE  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

10412 NEW BRUNSWICK STREET  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

22162 HERNANADO AVE  
PORT CHARLOTTE, FL 33952

**FEI Number:** 26-1264476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, GINA ROSE  
10412 NEW BRUNSWICK STREET  
PORT CHARLOTTE, FL 33981 US

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

NEWELL, GINA ROSE  
22162 HERNANDO AVE  
PORT CHARLOTTE, FL 33952 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NEWELL, GINA R  
Address: 22162 HERNANDO AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: GINA ROSE NEWELL

MGR

04/27/2012

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