

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016844

Entity Name: GAP 1318, LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8001 LANSING DRIVE  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 73  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

FEI Number: 26-4727618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAKIOLAS, PAULA  
8001 LANSING DRIVE  
NEW PORT RICHEY, FL 34654 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: MGRM  
Name: FAKIOLAS, PAULA  
Address: P.O. BOX 73  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: MGRM  
Name: FAKIOLAS, ACHILEAS  
Address: P.O. BOX 73  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: MGRM  
Name: LOBRUTTO, GIUSEPPE  
Address: P.O. BOX 73  
City-St-Zip: NEW PORT RICHEY, FL 34656

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: PAULA FAKIOLAS

MGRM

04/25/2012

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