

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108948

**Entity Name:** GULFSIDE FUNDING, LLC

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9400 RIVER CROSSING BLVD., STE. 104  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

9400 RIVER CROSSING BLVD., STE. 104  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 27-3917759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIRARDI, JAIME P  
9400 RIVER CROSSING BLVD., STE. 104  
NEW PORT RICHEY, FL 34655 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:** GIRARDI, JAIME P  
**Address:** 9400 RIVER CROSSING BLVD., STE. 104  
**City-St-Zip:** NEW PORT RICHEY, FL 34655 US

**Title:** MGR  
**Name:** HUDSON, JOSEPH E  
**Address:** 9400 RIVER CROSSING BLVD., STE. 104  
**City-St-Zip:** NEW PORT RICHEY, FL 34655 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:** JAIME P. GIRARDI

MGR

01/24/2012

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