

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000041763

Entity Name: GOMES VENTURES LLC

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

115 W OLYMPIA AVE  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

115 W OLYMPIA AVE  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

GOMES, ROBERT L  
115 W OLYMPIA AVE  
PUNTA GORDA, FL 33950 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: GOMES, ROBERT L  
Address: 115 W OLYMPIA AVE  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM  
Name: GOMES, TAMRA A  
Address: 115 W OLYMPIA AVE  
City-St-Zip: PUNTA GORDA, FL 33950 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: ROBERT L GOMES

MGMB

04/12/2012

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